

MITA Accident / Incident Report

(To be used for boat/trailer mishap, injuries, or any other accident)

Submit within 24 hours of incident to Executive Director!

Your Name: _____

Your Address: _____

Your phone number(s): _____

Injured party's name: _____

Address: _____

Phone Number(s): _____

Date and Time of incident: _____

Location: _____

Describe what happened:

What action did you take:

Was medical assistance sought? _____ If so when? _____

Describe the assistance:

When and under what circumstances did you leave the scene?

Who has been contacted? (Please list names and phone numbers):

Please list any other participants that witnessed the incident and/or assistance given: