



# California Gymkhana Association

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## CGA ACCIDENT REPORT

In order to keep accurate records on CGA insured claimants, please fill out this accident report on the injured person and send it to the CGA State Office immediately. These records are necessary when we must interface with the insurance company. ***This report should be filled out for all accidents, regardless of whether or not medical help is needed.***

NAME OF INJURED PERSON: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

COMPLETE HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ DISTRICT # \_\_\_\_\_

CGA SHOW DATE AS LISTED ON THE CGA STATE CALENDAR: \_\_\_\_\_

IN WHICH EVENT (example Barrels) DID THE ACCIDENT OCCUR? \_\_\_\_\_

CGA CARDED JUDGE PRESENT? **Y N**

JUDGE'S NAME IF YES \_\_\_\_\_

BRIEF SUMMARY ON CAUSE/MANNER OF INJURY: (please use the other side or additional paper if necessary)

DISTRICT OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

WITNESS TO ACCIDENT: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

DATE: \_\_\_\_\_

Please send this report immediately to:

**CGA**  
**PO Box 1746**  
**Gilroy, CA 95021**