



California Gymkhana Association

Phone 916-244-6074

CGA State Office,
P.O. Box 410
Wilton, CA 95693

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:

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