



California Gymkhana Association

PO 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 did the accident occur (example: barrels)? \_\_\_\_\_

Was a CGA carded Judge present? Yes No (circle one)

Judge's Name if Yes \_\_\_\_\_

Brief summary on cause/manner of injury: (use the other side or additional paper if necessary)

District officer name: \_\_\_\_\_ Title: \_\_\_\_\_

Witness to accident: Name \_\_\_\_\_

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

Date form completed: \_\_\_\_\_

**Send this report immediately to:**

**CGA**

**PO Box 410**

**Wilton, CA 95693**