STATEMENT

INJURED'S NAME:_____ PAGE _____ OF _____

INCIDENT #_____ DATE OF INCIDENT: _____ TIME: _____

YOUR NAME:_____ SS#_____

PERMANENT ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

PHONE (H):_____ PHONE (W):_____

TEMPORARY ADDRESS: _____ UNTIL: _____

OCCUPATION:_____ AGE: _____

RELATIONSHIP TO INJURED PARTY:_____ HOW LONG?_____

SPECIFIC LOCATION OF INCIDENT:_____

YOUR DESCRIPTION OF TRAIL CONDITIONS (SURFACE, VISIBILITY, ETC.): _____

_____

YOUR NARRATIVE DESCRIPTION OF INCIDENT (WHAT YOU SAW/HEARD/DID, ETC.):

_____

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I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.
SIGNED THIS _____ DAY OF _____, 20_____.

YOUR SIGNATURE: _____

TAKEN BY: _____ DATE:_____