



National Early Day Gas Engine & Tractor Association

Notice of Insurance Occurrence/Claim Form

Important Please Print or type report

Send a completed form to both:

- EDGETA insurance agent, Jennifer Smith, fax 417-581-4045
- EDGETA insurance contact, Dick Tombrink, fax 406-967-6687 dicknsue@nemontel.net

Name of Show: _____

Branch Number: _____ Is it an EDGETA Sponsored Event: Yes No (Circle one) If not explain

Date _____ Time _____ AM/PM (Circle)

Address of where accident happened: _____

City _____ State _____ Zip _____ Phone No _____

Take Pictures if possible. Film type camera best

Description of the accident: _____

Equipment involved:

Equipment owned by:

Full name _____ EDGETA Member _____ Branch No. _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Make _____ Model _____ SN _____

Was the owner the operator: Yes No (circle one) If answer is No:

Operators name _____ EDGETA Member _____ Branch No. _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Injured party:

Full name _____ EDGETA Member _____ Branch _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone _____ Cell Phone: _____

Type of injury: Personal Property (circle correct answer) If Personal

Was emergency personnel called: Yes No (circle one) Was 911 called: Yes No (Circle one)

Whom _____

Response time: _____ minutes

Police Report _____ Report No. _____

Ambulance Report _____

Wrecker Report _____

If Property: Make _____ Model _____ SN _____

If an automobile: VN# _____ Tag # _____ State _____

Was vehicle: Moving Parked (circle one)

Where can damaged equipment be viewed: _____

Witnesses: Full name, address, and phone number

#1 _____ Branch No _____

#2 _____ Branch No _____

#3 _____ Branch No _____

Attach statements from all of the above. Witness report on Page 2 of 2

Were the EDGE&TA Safety Requirements being followed: Yes No (Circle One)

EDGETA Branch Contact

Report made by: _____ Branch Officer Position: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

Best time to contact: _____

Revised: March 22, 2006

EARLY DAY GAS ENGINE & TRACTOR ASSOCIATION, INC

Notice of Insurance Occurrence/Claim Form

**OWNER/OPERATOR/WITNESS
STATEMENT**

Date _____ Time _____ Where _____

Full name _____ EDGETA Member _____ Branch _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone _____ Cell Phone: _____

When can you be contacted: _____

OWNER OPERATOR WITNESS
(Circle one)

Signature:

Use additional pages if necessary