

PilatesMethod Alliance

A Non-Profit Organization

P.O. Box 370906 • Miami, FL 33137-0906
Tel: 305-573-4946 Toll Free: 1-866-573-4945 Fax: 305-573-4461
www.pilatesmethodalliance.org

SPORTS & FITNESS INCIDENT REPORT

Sample

Date of incident: _____ Time of incident: _____

Location of incident: _____

Contact at the location of the incident:

Name: _____ Phone: (_____) _____

Description of incident: _____

Injuries?: yes no If yes, please describe: _____

Description of your property involved (include make, model, serial #, or VIN # if applicable); _____

Employee involved:

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Description of other party's property involved (give make, model, serial # or VIN # if applicable): _____

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SPORTS & FITNESS INCIDENT REPORT (continued)

Sample

Other Party's Information:

Name: _____

Address: _____

Home phone:(_____) _____ Work phone:(_____) _____

Action taken by you up to this point: _____

Any other relevant information: _____

Action Requested/Recommended: _____

Please check one of the options below:

Contact claimant: _____

Submitted for reporting purposes only: _____