

REPORT OF ACCIDENT - AIRPORT ACCIDENT

Please fill out and return promptly to Northwest Insurance Group, Inc., 3301 NE Cornell Road, Suite R, Hillsboro, OR 97124
Phone: 800-693-7053 Fax: 503-640-6202

Name of Insured _____ Policy No. _____
Residence Address _____
Business Address _____
Date of Accident or Loss _____ Hour of Day _____ M.

Location of Accident

Place (Exact location on airport and if equipment involved describe and identify) _____
Owner of Premises _____
Name of party in control of premises _____
Is occupant's lease direct from Owner or another Lessee? _____
Whose duty is it to maintain, clean and keep this part of premises in repair? _____
What work or business was being done there? _____

Injured Person

Name _____ Address _____
Age _____ Employer or Occupation _____
Was injured wearing glasses, high or low heels? _____
Was medical aid rendered _____ When _____ By whom _____
Taken to home or hospital _____ Present contact _____
Nature and extent of injury _____
Statement of injured, if any (if written, attach copy) _____

Purpose of injured on premises (if airline passenger, of what airline) _____

Property Damage

Name of owner _____ Address _____
Value of property damaged \$ _____ Estimated cost of repair or replacement \$ _____
Description of property and nature and extent of damage _____

Witnesses

Names and addresses of all witnesses including persons who inspected place of accident* _____

Description of Accident

Tell how the accident happened, noting what you saw or heard. _____

(Use back for additional information and diagram of accident.)

Important Note

Have several people inspect place of accident at once. Do not discuss accident with anyone except authorized insurance company Representatives or the proper police authorities.

Dated _____ 20 _____ Signed _____
Position _____
Home Address _____