

INDIVIDUAL ACCIDENT / INJURY REPORT

(Confidential information for use of Grand Chapter legal counsel only)

Claimant Name: _____ Age: _____ Sex: _____

Address: _____ City, _____

Zip _____

Occupation: _____

Home Telephone No. _____ Work Telephone No. _____

Cell Telephone No. _____

Member of _____ Chapter No _____

City _____

Date of accident or injury _____

Where did accident / injury occur _____

Description of Accident _____

Type and Extent of injury _____

Witnesses Names(s) _____ Telephone No. _____

_____ Telephone No. _____