

MOOSE LODGE ACCIDENT REPORT

FOR LODGE RECORDS ONLY - DO NOT SUBMIT FORM

PHONE IN REPORT ONLY

1-877-5moose5

(1-877-566-6735)

Lodge Name and Number: _____

Claimant Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone (Home): _____ Phone (Cell): _____

DOB: _____ S.S.N.: _____ - _____ - _____ Sex: M / F (Circle One)

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Insurance Company: _____

Member Y/N: _____ Occupation: _____

Injury Description: _____

Accident Description: _____

Transported to Hospital: Yes / No (Circle One)

Name of Hospital: _____

Witnesses:

Name: _____ Phone: _____ Member: Y/N: _____

Address: _____

Name: _____ Phone: _____ Member: Y/N: _____

Address: _____

Completed by: _____ Date: _____

Revised: 5/2/08