

Accident Report Form
(Please type or print neatly)

Claimant's Home Club _____

Dance Location: _____

Name of Injured Person: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Accident Information (Describe in full what occurred with this accident on the back of this form)

Club where occurred: _____

Location: _____

Date: _____ Before Dance _____ During Dance _____ After Dance _____

Time: _____ am _____ pm

Medical Attention

Doctor's Name _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Medical Facility: _____ City _____ State _____ Zip _____

Use Your Primary Insurance First

Check if on Medicare _____

Claimant's Insurance Co. _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Policy Number: _____

Send the original forms and any or all receipts to :

Bill & Marlene Neurauter

1604 South Meyers Road

Lombard, IL 60148-5031

(630) 495-1182

Fax (630) 261-1982

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