

International Model Power Boat Association REPORT OF ACCIDENT

For every accident immediately fill out this report and contact the IMPBA Office and your District Director
Phone: (256) 684.2986 email: Secretary@IMPBA.net IMPBA, PO Box 140571, Toledo, OH 43614

PERSON INJURED

Name _____ Age _____ Home Phone _____ Cell Phone _____
Address _____ City _____ State/Prov _____ Zip _____

TIME & PLACE OF ACCIDENT

Date of Accident: _____ / _____ / _____ AM PM
Day of Week Month Date Year Time (circle one)

Place of Accident: _____
Address City State/Prov Zip

DESCRIPTION OF ACCIDENT

Describe fully how accident happened, illustrate with a sketch on back, and include weather conditions

_____ (continue on back if needed)

IMPBA BOAT OWNER

Name _____ IMPBA # _____ Age _____ Home Phone _____ Cell Phone _____
Address _____ City _____ State/Prov _____ Zip _____

Describe Type of Boat _____ Engine Size _____

WITNESSES NAME & ADDRESS

PHONE

Signature and printed name of person making report

Date Signed