



## Bowling Incident Report

To be completed by Bowling Center Personnel for Insurance Records

<b>Insured Name:</b>
<b>Phone:</b>
<b>Address:</b>
<b>Insured Contact:</b>
<b>Hour's Contact can be reached:</b>

### INCIDENT

<b>Date of Loss:</b>	<b>Time of Day:</b>
<b>Claimant Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Cell:</b>

<b>Why was claimant at Bowling Center?</b>

Bowling League? \_\_\_ League Name/Schedule: \_\_\_\_\_

Birthday Party? \_\_\_ Name/Phone of person who booked party: \_\_\_\_\_

Daycare/School Outing? \_\_\_ Name of School \_\_\_\_\_

<b>Contact:</b>	<b>Phone:</b>
<b>Location of Loss:</b> Lane #. Area of lane etc.:	
<b>Condition of Area?</b>	

<b>Description of Loss:</b>

<b>Injury:</b>

<b>Any treatment provided or EMTs called?</b>

<b>Did the customer continue to bowl? If so, how long did they stay after the incident?</b>

<b>Was the injured party drinking?</b>	<b>If so, how much?</b>
<b>Was the claimant wearing bowling shoes?</b>	

Who provided the shoes?                  Injured Party \_\_\_\_\_                  Insured \_\_\_\_\_  
 Was the injured party a minor? \_\_\_\_\_ If so, was the parent/guardian present? \_\_\_\_\_

<b>Injury:</b>