



# The Mounted Archery Association of the Americas

## MA3 Accident/Injury Report

Name \_\_\_\_\_ MA3# \_\_\_\_\_

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Location of incident \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone# \_\_\_\_\_

Who was involved? \_\_\_\_ Participant \_\_\_\_ Staff \_\_\_\_ Spectator

Was more than one person involved? Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ No visible injury

Describe Injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was emergency services called YES NO IF so who \_\_\_\_\_

Was medical treatment offered YES NO

If medical treatment was refused have the person sign here\_\_\_\_\_

Describe treatment given \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witness\_\_\_\_\_ Phone#\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Name of witness\_\_\_\_\_ Phone#\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Person in charge of event \_\_\_\_\_ Phone#\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Upon completion of this form make a copy for the chapters records and send the original to the current MA3 secretary.