

## ACCIDENT INSTRUCTION SHEET

You have heard it said before “time is of the essence”. These words could not be more true when someone gets injured or property gets damaged. Therefore, it is imperative that you follow these instructions as best you can, and report claims to us **AS SOON AS POSSIBLE**. Time can make all the difference in how receptive an injured party will be. Even if you do not think you are at fault please adhere to these instructions.

1. **NEVER** voice an opinion or doubts about how an accident may have happened, to the injured party. Save these comments for us and the company claims office. **NEVER EVER** admit guilt, liability or negligence. Never offer to pay for someone’s medical bills.
2. Either the owner or manager should complete the form titled “**BODILY INJURY/PROPERTY DAMAGE INCIDENT REPORT**”.
3. **VERY IMPORTANT. DOCUMENT, DOCUMENT, DOCUMENT.** Go with the injured party to the site of the injury or property damage and take a picture of what caused the injury or damage. If it is a hole you will need to stick a can or ruler in or near the hole so the picture can reflect the actual size. **This is very important** because after an event happens people tend to embellish the cause due to their inconvenience.
4. Upon completion of the loss form forward them to us **IMMEDIATELY**. When we receive the form in our office we will fax it on to the appropriate claims office.
5. If a death should ever occur **CALL OUR OFFICE IMMEDIATELY**.



**ROWLEY INSURANCE**

6805 Guadalupe • Austin, TX 78752  
512-454-6655 • FAX: 512-452-9018  
TOLL FREE: 800-880-9397

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**Bodily Injury/Property Damage Incident Report**  
**TO BE COMPLETED BY OWNER/MANAGER/EMPLOYEE**

Name of RV Park: \_\_\_\_\_

Name of Person making report: \_\_\_\_\_

Your Home #: \_\_\_\_\_ Your Bus# \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

In your own words what exactly happened. What was the injured party doing? Where was he/she going? What do you think caused this accident?

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

If there was an injury, what kind? \_\_\_\_\_

Describe location of accident: \_\_\_\_\_

Was alcohol involved?  Yes  No Do you think a claim will be made?  Yes  No

Did you notice any hazard to the area prior to the accident? \_\_\_\_\_

**Injured or Damaged Party:**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Bus #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If Property Damaged, description of vehicle damaged:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Describe damage sustained: \_\_\_\_\_

**Witness:**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Bus #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Your signature Date



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