



Puget Sound Antique Tractor and Machinery Association Incident Review Form.

Date of incident: _____ Time of incident: _____ am/pm (circle)

Photographs? Who took/has? _____

Description/Location of incident: _____

Equipment Involved: _____

Persons involved.

Name: _____ PSATMA Member: Y / N (circle)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Equipment Involved: Y / N (circle) year/make/model. _____

Was this person operating their owned equipment? Y / N (circle)

If no; whose equipment?

Name: _____ PSATMA Member: Y / N (circle)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Type of Injury: _____ Personal Property Damage Y / N (circle)

Were Emergency Personnel Contacted, if so, what time and who? _____

Response Time? _____ Report number of responding personnel. _____

Emergency Personnel report will be properly handled in accordance with local laws and insurance regulations in the event of physical injury.

Personal Property Damage. year/make/model/ _____

Vehicle VIN #/PSATMA registration number _____

Type of damage? _____

Was equipment / vehicle in motion Y / N (circle) Location of equipment / vehicle _____

Were PSATMA Regulations followed at the time of the incident? Y / N (circle) _____

Witness Statement: _____

Name: _____ PSATMA Member: Y / N (circle)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Witness Statement: _____

Name: _____ PSATMA Member: Y / N (circle)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

