



Western Bowling
Proprietors Insurance
www.wbpiprogram.com

Incident Report

PERSONAL AND CONFIDENTIAL INFORMATION OF THE BOWL ONLY
NEVER LET THE INJURED PARTY FILL OUT, MAKE A COPY OF, OR VIEW THIS REPORT

Name of Bowl: _____ Date of Incident: _____ Approx Time: _____

Bowl Address: _____

Ph #: _____ Bowl Contact Person: _____

Reported by Signature _____

Injured Party's Name: _____ Age: _____ Male or Female

Injured Party's Ph# (Res): _____ Work: _____ Cell: _____

Mailing Address: _____ City: _____ Zip: _____

League Bowler? Y N Alcohol Involved? Y N Non-Bowling Injury? Y N

Part of the body injured: _____

What caused incident: _____

Rental or Owned Shoes? _____ If While Bowling, What game/frame? _____

Witness Name: _____ Phone: _____ Related to Injured Person? Y N

Witness Name: _____ Phone: _____ Related to Injured Person? Y N

Was Medical Attention Needed? Y N Paramedics? Y N Went to Hospital? Y

N Medical attention provided by bowl: _____

Injured party continue to bowl? Y N Do you think a claim will be made? Y N UNK

Did injured party say they had medical insurance? Y N Name of carrier: _____

IMPORTANT

Injured party's attitude: Friendly Mad Threatening Calm Scared Demanding

Explain in detail: _____

SIGNATURE: _____