MAAC Club Executive Incident Report File Immediately

Member/Club Deductible Obligation: MAAC pays \$4500 of the \$5000 deductible. Member/Club is responsible for the remaining \$500 (Club \$250, Member \$250) to be submitted by the club at whose field the incident occurred. Credit card payment is to be submitted on drawing page following, which is faxed to MAAC.

Date:			
Name:			
Club Name:	Club ID:		
Title:	Phone:		
Email:	_ Cell:		
Present at time of incident?			
Member in control of model at time of incident:			
MAAC #: Phone # Hm/Wk/Cell			
Email			
Date of Incident : D/M/Y Time: am/pm			
Incident occurred while at club field Y N			
Indicate particular field if your club has more than one			
If NO please specify Location of Incident:			
Street	or GPS Coordinates		
City	Prov		
City	1107		
Main Contact regarding Incident:			
Phone # Em	ail		

Description of how Incident Occurred (if you witnessed the incident please include all observations including prior to the incident, what you saw, where the aircraft landed if other than the club field and if the police or an ambulance were called):		

Personal Injury: Y N	Property Damage: Y N			
Description of Injury:	Description of Property Damage:			
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	Include photos of injury or damage if possible.			
Was first aid administered? Y N What other action was taken?				
Claiment Information. This is the person	initized and/on the company of magnetic demagned (please abtain			
Claimant Information: This is the person injured and/or the owner of property damaged (please obtain complete information). Inform them that MAAC or Crawford Adjusters will contact them.				
Name:	Name:			
Address:	Address:			
Phone: Email	Phone: Email			
Witnesses: Name:	Name:			
Address:	Address:			
Phone: Email	Phone: Email			

Fax hard copy report, photo's and Diagram to MAAC HQ (905) 632-3304 As Soon As Possible
Incidents less than \$10,000 and not involving personal injury will be handled and involved parties contacted by Crawford Adjusters
Canada Inc.

Fax To: MAAC HQ (905) 632-3304

Please include credit card information for payment of your \$500 portion of the deductible if making a claim (MAAC accepts Member/Club deductible payments on a "without prejudice" basis pending completion of the investigation)

Credit Card#:	t: Expiry Date:				
Name on card:	Signature:				
Diagram of Incident (be as detailed as possible - include distances and photo's)					
Member:	MAAC #:	Date Reported:			