

**MAAC Incident Report
File Immediately**

Date: _____

Member in control of model at time of incident: _____
MAAC #: _____ Club Name or ID # _____
Member Address: _____
Street City Prov Postal Code
Phone # Hm/Wk/Cell _____ Email _____

Date of Incident: D_ _ / M_ _ / Y_ _ _ Time: _____ am/pm
Incident occurred while at club field
Indicate particular field if your club has more than one _____
If **NO** please specify location below
Location of Incident: _____
Street or GPS Coordinates City Prov

Main Contact regarding Incident: _____
Phone # _____ Email _____
Incident Reported by: _____
Incident Reported to: _____ Date: _ _ / _ _ / _ _ _ _
Name Title D M Y

Description of how Incident Occurred (please include where plane landed if other than club field and if the police or an ambulance were called):

Bodily Injury: **Property Damage:**
Description of Injury: _____ Description of Property Damage: _____

Fax or email photos of injury or damage to MAAC HQ if possible
Was first aid administered? **Bodily injury to others after office hours/weekends call 1-888-224-5677**
What other action was taken? _____

Claimant Information: This is the person injured and/or the owner of property damaged (please obtain complete information)

1	2
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Email _____	Phone: _____ Email _____

Witnesses:

1	2
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

MAAC

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
(do not email credit card information)

Credit Card#: _____ Expiry Date: _____
Name on card: _____ Signature: _____

Diagram of Incident (be as detailed as possible - include distances and photo's)

Member:

MAAC #:

Date Reported:

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