

**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 \_\_\_\_\_



**ROWLEY INSURANCE**

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

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