



Tailored Solutions by Granite Insurance
Exclusively for Arival Insider Pro
Access Members

INCIDENT REPORT FORM

Please use this form to document minor severity incidents. For more significant accidents, especially those that require medical attention, please utilize our more thorough Accident Report Form.

Date of Incident: _____

Name of Injured Participant: _____

Description of Incident:

Date of Incident: _____

Name of Injured Participant: _____

Description of Incident:

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