

SULKY ACCIDENT REPORT
ILLINOIS HARNESS HORSEMEN'S ASSOCIATION

DATE OF ACCIDENT _____ TRACK _____

NAME OF HORSE _____ RACE NO. _____

OWNER OF DAMAGED SULKY _____ MEMBERSHIP NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER _____ MEMBERSHIP NO. _____

TRAINER _____ MEMBERSHIP NO. _____

MAKE OF SULKY _____ DATE PURCHASED _____

COST \$ _____ AGE OF BIKE _____

*APPROVED BY _____ DATE APPROVED _____

*APPROVED BY _____ AMOUNT APPROVED _____

PAYMENT TO: _____

***IN ORDER FOR PAYMENT TO BE MADE, A BILL MUST BE ATTACHED**
***ALL CLAIMS WILL RETURNED UNLESS APPROVED BY A BOARD MEMBER**