



442 Airport Road  
Greenwood, MS 38930



Kimmel Aviation Insurance Agency, Inc.

Telephone: (662) 455-3003

Website: [kimmelinsurance.com](http://kimmelinsurance.com)

## USPA Claim Reporting Form

(Person seeking payment)

### Claimant/Injured Party/Property Owner Information

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Drop Zone Information (IF Applicable)

Name of Drop Zone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person/Manager: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Skydiver Information

Skydiver Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ USPA Member #: \_\_\_\_\_ USPA License #: \_\_\_\_\_

### Incident Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Drop Zone or Demonstration Jump? \_\_\_\_\_

Location of Incident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Incident- (Be specific/detailed and attach photos if applicable)

\_\_\_\_\_  
\_\_\_\_\_

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**Witness Information (IF applicable)**

**Witness Name:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Witness Statement- (Be specific/detailed)**

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**Name of Person completing this form:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**