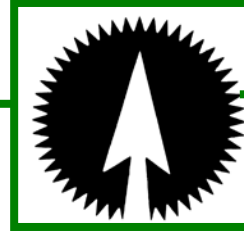


# Tongass Timber Trust

111 Stedman St. Suite 200  
Ketchikan, Alaska 99901



Date: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Complete this form and return to Tongass Timber Trust at the above address.

Nature of injury? \_\_\_\_\_

How, when and where did the accident occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this an employment related injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Will any other party be responsible for this accident or injury?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above, please note the name and address of the responsible party on the bottom this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insured