


Samtök ferðaþjónustunnar The Icelandic Travel Industry Association		Atvikaskýrsla. Incident Report			
Dagsetning atviks / Date, hour of incident:		Nafn hóps / Name of the group		Nafn ferðaskrifstofu/Travel agency	
Avikið átti sér stað / The incident took place at:					
Hvað gerðist / What happened: Tjón -Veikindi - Slys á fólki / Damage -Illness- Accident.					
Farþegi / Client:				Kennitala Id-number	
Heimilisfang / Address:				Sími / Telephone	
				Sími / Telephone	
				Netfang / e:mail	

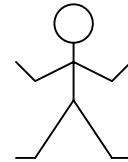
1. Vitni að atvikinu/Witness to the incident:

2. Vitni að atvikinu/Witness to the incident:

Nafn/Name:	Kennitala Id-number	Nafn/Name:	Kennitala Id-number
Heimilisfang / Address:	Sími / Telephone	Heimilisfang / Address:	Sími / Telephone
	Sími / Telephone		Sími / Telephone
	Netfang / e:mail		Netfang / e:mail

Staðsetning meiðsla / Location of injuries

Höfuð / Head		Fótur / Foot / Leg	
Háls / Neck		Brjóst-magi /Rib cage-stomach	
Hönd, Hand / Arm		Bruni / Burn	
Skrámur / Scratch		Annað / Other	



Mark using X

Transport with ambulance Yes No

Other transport..... Yes No by:_____ Where to:_____

Hospital name:_____

Car damage Snowmobile damage Other damage:.....

Nánari lýsing á atvikinu (Notið bakhlið skýrslunnar ef þess þarf)

Detailed description of the incident (Please use the reverse side of this report if needed)

Ég hef lesið skýsluna yfir og segi hana rétt bókaða / I have read the report and endorse it.

 Undirskrift þess sem skýrslu gerir. / Signature of the writer of the report.