



Incident Report

ASA Insurance Program

It is important to have written incident reports on file regarding ASA injuries, property damage or other incidents that may result in a claim against your team or league. Many such claims allege negligence, and written reports prepared immediately after an incident occurs are invaluable to defending these types of claims. In the event of a serious injury, it is important to ask for written statements from witnesses and individuals actually involved in the incident. One copy of the report should be present to Bollinger Insurance, once copy to your State Metro ASA Commissioner, and you should keep a copy of the report for your own records since many lawsuits are filed long after the injury occurs.

Attach any additional information that might be helpful in defense of a future claim, such as: police reports, doctor's statement, pre-game field inspection report, routine facility maintenance report, photo's taken at the time of the incident and written statements of witnesses.

This report is to be completed by:

Coach, Official or Umpire	For incidents occurring during regular, pre-season or post-season team activities
Director or Sponsor	For incidents occurring during tournaments or special events
Director or Coach	For Incidents occurring during camps or clinics

1. General Information

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____ POSITION: _____

HOME ADDRESS: _____

PHONE (H): _____ PHONE (W): _____

PHONE (Cell): _____ EMAIL: _____

EVENT/ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

2. Provide full description of all events leading up to and including the incident.

3. Witnesses

Full Name	Address	Statement Attached Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Who responded to the incident (include all parties – Coaches, Athletic Trainers, Security, Paramedics, Police, etc..) _____
5. If an injury was involved, please provide the following:
 Injured Person's Name _____ Age: _____
 Address: _____
 Phone (H) : _____ Sex: _____ Male _____ Female
 _____ Position: _____ Player: _____ Coach: _____ Official _____ Spectator _____ Other _____
6. Describe injury (specify where on body, right or left side) _____

7. Was First Aid treatment required? _____
8. If yes, who provided the First Aid treatment? _____
9. Please provide detailed description of surroundings, facility conditions, weather condition, etc.

10. Other Comments

11. Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge.
 Reporter's Signature _____ Date: _____

Provide one copy to your league office or program administrator, one copy to your State or Metro ASA Commissioner And send one copy to:

Bollinger Insurance, ASA Insurance Plans

PO Box 390, Short Hills NJ 07078

Phone: 800-350-8005

Fax: 973-921-2876

Web: www.BollingerASA.com

