

# Incident Report

## ASA/USA Softball 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 in 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 sent to Bollinger Insurance, one copy to your State or 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 report, doctor's statement, pre-game field inspection report, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

**This form is not an Accident Claim Form. If the injured party has ASA insurance and is seeking medical reimbursement, they must complete an Accident Claim Form. Please visit our web site, [www.BollingerASA.com](http://www.BollingerASA.com), to print the form.**

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:

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### 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 is involved, please provide the following:

Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Position: Player \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

Is injured person ASA insured? Yes \_\_\_ No \_\_\_

If yes, through which ASA Insurance Program? \_\_\_\_\_

6. Describe injury (specify where on body, right or left side): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Was First Aid treatment required? \_\_\_\_\_

8. If yes, who provided First Aid treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

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

10. Other Comments:

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

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: 800-526-1379 Fax: 973-921-2876 Web: [www.BollingerASA.com](http://www.BollingerASA.com)**