



AAU INCIDENT REPORTING FORM

Please take a couple minutes to fill out this form, (copy as needed) as it may impact insurance claims. This report of incident is **not** a claim form. To file a claim go to www.aausports.org click on insurance information, look for the Insurance Claim Forms. This form may also be used for incidents occurring at practices.

Provide as much information as possible about the incident and include any statements, pictures or official reports.

Event Information

Date(s) of Event:

Name of Event:

Event Location:

Site Contact Name:

Site Contact Phone #:

Incident Information

Name of Person(s) involved in incident:

Age or Approximate Age:

Gender Female Male

Club Affiliation (or None) :

Position(s) this individual holds Coach Athlete Official Spectator Other

Did Incident Occur at an AAU Sanctioned Event or Practice? * Yes No Not Sure

If Yes, Enter Event Name & Sanction # if known:

Was incident accident related? * Yes No Not Sure

Was a claim form given to injured party? * Yes No Not Sure

Did incident require transportation to ER? * Yes No Not Sure

Was incident a confrontation? * Yes No Not Sure

Was there property damage? Yes No Not Sure

Were authorities called? * Yes No Not Sure

Description of Incident (include as much detail as possible)

This form can be submitted to AAU National Offices by:

Email: insurance@aausports.org

Fax: 407-828-0166

US Postal Service:

AAU Insurance Department

PO Box 22409 * Lake Buena Vista, FL 32830