



**BOLLINGER SPORTS & LEISURE**

## Incident Report for USA Softball Insurance Program

It is important to have written incident reports on file regarding USA Softball 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 RPS Bollinger Insurance, one copy to your State or Metro USA Softball 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 USA Softball insurance and is seeking medical reimbursement, they must complete an Accident Claim Form. Please contact a RPS Bollinger representative for the appropriate claim 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 specialevents
- Director or Coach                                 For incidents occurring during camps or clinics

1. General Information

Date & Time of Report: \_\_\_\_\_

Reporter’s Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (C): \_\_\_\_\_ Email: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date & 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 is involved, please provide the following:

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

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

Phone: \_\_\_\_\_ Gender: Male  Female

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

Is injured person a USA Softball Member? Yes  No

Is he/she insured for Accident coverage through the USA Softball Insurance Program? Yes  No

If yes, please indicate which plan (Individual Registration, USA Softball Team Ins, Umpire Ins, USA Softball Tournament/Clinic Ins)

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

7. Was First Aid treatment required? Yes  No

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

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

10. Other Comments: \_\_\_\_\_

Verification: 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 USA Softball Commissioner and send one copy to:

**RPS Bollinger Insurance - USA Softball Insurance Plans**

P.O. Box 390, Short Hills, NJ 07078

RPS Bollinger's Phone: 800.446.5311 Fax: 973.921.2876

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