

USA Softball

AN RPS SIGNATURE PROGRAM

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. Send one copy of the report to Risk Placement Services, send one copy to your state or metro USA Softball commissioner, and keep one 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 a police report, doctor's statement, pregame 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 an RPS representative for the appropriate claim form.

This report is to be completed by:

- Coach, official or umpire for incidents occurring during regular, preseason or postseason 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 (C): _____ 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)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Insurance, Umpire Insurance, USA Softball Tournament/Clinic Insurance).

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 one copy to RPS Bollinger, PO Box 1322, Morristown, NJ 07960.

OFFICE LOCATION

PO Box 1322, Morristown, NJ 07960

Phone: 800.446.5311 | Fax: 973.921.8474

RPSins.com/SignaturePrograms

