

Incident Report ASA/USA Softball Insurance Program

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 insured with the ASA? Yes No

If yes, through which ASA Insurance Program? _____

Has an Accident claim form been sent to RPS Bollinger? Yes No

If no, does injured person have a copy of the Accident Claim form? Yes No

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:

RPS Bollinger, ASA Insurance Plans

PO Box 390, Short Hills, NJ 07078

(P) 800.446.5311 (F) 973.921.2876 (W) www.BollingerASA.com