

Incident Report Form

USFHA Insurance Program



It is important to have written incident reports on file regarding injuries, property damage or other incidents that may result in a claim against your team, league and U.S. Field Hockey. 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 Summit America Insurance Services, and the league office should keep a copy of the report for their own records, since many lawsuits are filed years after the injury or incident 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 report is to be completed by:

Coach or Official: 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: _____

CERTIFICATE OF INSURANCE # (for USFHA approved activity): _____

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, Campus 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: _____

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: _____

11. 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, and send one copy to:

Ronda Ashley, CPCU, Senior Vice President, Summit America Insurance, 5001 College Blvd, Suite 216, Leawood, KS 66211 or by email to rashley@summitamerica-ins.com