



## BOLLINGER SPORTS & LEISURE

### Incident Report for USA Lacrosse 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 USA Lacrosse. 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 Bollinger Insurance, and the league office should keep a copy of the report for their 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, routing facility maintenance report, photos taken at the time of the incident, and written statements of witnesses.

In the event of a liability claim, you will be required to submit the following:

1. Roster of all players and coaches in the association from the date of the incident
2. Certificate of Insurance
3. A copy of your written policy mandating that every player and coach (at least head coach and assistant coach) or every official if you have an Officials' Association, is a current member of USA Lacrosse and that their membership is effective through the entire season.
4. A statement on how you verify memberships, either through manual management or the use of a registration website such as USLaxTeams.com or League Athletics.

This report is to be completed by:

Coch, Official or Umpire	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 & 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:

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#### 3. Witnesses

Full Name	Address	Phone Number	Statement Attached (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Who responded to the incident (include all parties - EMS, Fire Dept, Police):

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5. If an Injury is involved, please provide the following:

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

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

Phone: \_\_\_\_\_

6. Was First Aid treatment required? Yes ☐ No ☐

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

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

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9. Other Comments: \_\_\_\_\_

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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, and send one copy to:

**RPS Bollinger Insurance - USA Lacrosse Insurance Plans**

PO Box 1322, Morristown, NJ 07960

RPS Bollinger's Phone: 800.446.5311 Fax: 973.921.8474

RPSBollinger.com • Lacrosse@RPSins.com