

## 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

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