



# Catastrophic Injury/Spectator Injury Incident Report



Use this form only to report potential catastrophic injuries or spectator injuries.

This is **not** a claim form and does not trigger an insurance claim.

**This form is for reporting purposes only.**

Name of Injured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent (if a minor): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Local Program/Club Name: \_\_\_\_\_

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

Contact(s) & Phone #(s) \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Game, Practice, Other: \_\_\_\_\_ Age Category: \_\_\_\_\_

Team: \_\_\_\_\_

Coach and Phone #: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injuries or Property Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Information: (Injury, Ambulance, Hospital and Doctor, On-Site Trainer or EMT) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Filed By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of report: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Send, e-mail or fax report to your District Risk Manager or Associate Risk Manager, as soon as possible.