



Incident Report

US 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 US 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.

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 tournament 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: _____

2. Provide full description of all events leading up to and including the incident:

3. Witnesses:

Full name	Address	Statement Attached (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Who responded to the incident (include all parties – Coaches, Athletic Trainers, Campus Security, Paramedics, Policy, 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? _____ Yes _____ No

8. If yes, who provided First Aid Treatment? _____

9. Please provide a 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:
Bollinger Insurance, US Lacrosse Insurance Plan, 101 JFK Parkway, Short Hills, NJ 07078
Phone: 800-350-8005 Fax: (973) 921-2876
Email: LacrosseInfo@BollingerInsurance.com***