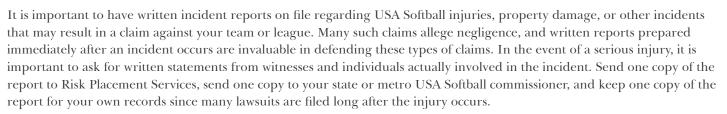
USA Softball

AN RPS SIGNATURE PROGRAM

Incident Report for USA Softball Insurance Program



Attach any additional information that might be helpful in defense of a future claim, such as a police report, doctor's statement, pregame field inspection report, routine facility maintenance report, photos taken at the time of the incident, and written statements of witnesses.

This form is not an accident claim form. If the injured party has USA Softball insurance and is seeking medical reimbursement, they must complete an accident claim form. Please contact an RPS representative for the appropriate claim form.

This report is to be completed by:

- Coach, official or umpire for incidents occurring during regular, preseason or postseason 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:		
		Position:
Phone (H):	Phone (W):	
Phone (C):	Email:	
Event/Activity:		
Date and Time of Incident:		
Location of Incident:		
2. Provide full description of all eve	ents 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, security, paramedics, police, etc.)

5. If an injury is involved, please provide the following.				
Injured Person's Name:		Age:		
Address:				
Phone:		Male Female		
Position: Player Coach Official	Spectator Other:			
Is injured person a USA Softball member? Yes	No			
Is he/she insured for accident coverage through the USA Se	ftball Insurance Program? Y	es No		
If yes, please indicate which plan (Individual Registration, Tournament/Clinic Insurance).	JSA Softball Team Insurance, U	Impire Insurance, USA Softball		
6. Describe injury (how it occurred, 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 detailed description of surroundings, fac	ility condition, weather condition	ons, etc.		
10. Other comments:				
11. If property damage incident, please provide claimant's o	contact information:			
Claimant Name:	Claimant Address:			
Telephone No:	Email Address:			
Describe property that was damaged and how it occurred:				
Verification: By signing this document, I verify that this rep	ort is true and correct to the be	st of my knowledge.		
Reporter's Signature:		Pate:		

Provide one copy to your league office or program administrator, one copy to your state or metro USA Softball commissioner and one copy to USASoftball@RPSins.com.

OFFICE LOCATION

PO Box 1322, Morristown, NJ 07960 Phone: 800.446.5311 | Fax: 973.921.8474

RPSins.com/SignaturePrograms



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