

US Lacrosse Incident Report

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 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**, one copy to your **league office**, and you should keep a copy of the report for your 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, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

When to File an Incident Report:

- If EMS has been called for an injured participant or spectator
- In the event of any serious catastrophic or fatal injury occurring as a result of a lacrosse activity
- For serious damage to the property of others

This report is to be completed by:

Coach, 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

General Information			
DATE AND TIME OF REPORT:			
REPORTER'S NAME:		POSITION:	
HOME ADDRESS:			
PHONE (H):	PHONE (W)	PHONE (W):	
PHONE (CELL):	EMAIL:	EMAIL:	
EVENT/ACTIVITY:			
DATE AND TIME OF INCIDENT:			
LOCATION OF INCIDENT:			
Provide full description of all ever	its leading up to and including the		
3. Witnesses			
Full Name	Address	Statement Attached (Y/N)	

4. Who responded to the incident (include all parties - 0	Coaches, Athletic Trainers, Security, Paramedics,
Police, etc.):	
5. If an Injury is involved, please provide the following:	
Injured Person's Name:	Age:
Address:	
Phone (H):	
Position: Player Coach Official	
6. Describe injury (specify where on body, right or left s	·
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 verification Statement Stateme	y that this report is true and correct to the best of my
Reporter's Signature:	Date:

For further information, contact Bollinger Sports at:
Phone: 800-350-8005 press "5" for Lacrosse Emark: 973-921-2876 Web

Email: LaxInfo@BollingerInsurance.com
Web: www.BollingerLax.com or www.BollingerSports.com