Incident Report

(PLEASE PRINT)

In the event an incident occurs during your organization's activities, it is important to complete an incident report form immediately. Please complete all sections below and return to Pullen Insurance Services.

1. Nature

□ BODILY INJURY □ PROEPRTY DAMAGE □ OTHER:_____

2. Time & Place of Incident

DATE:_____ TIME:_____ □ AM □ PM

EVENT:_____

SPORT:_____ LOCATION:_____

3. Happened To

NAME:_____

AGE:_____ SEX: □ Male □ Female PHONE:(_____)_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

4. Function

AS: □ PARTICIPANT □ VOLUNTEER □ SPECTATOR □ BYSTANDER
□ OFFICIAL □ OTHER:_____

5. Apparent Injury or Damage

BODY PART:_____

CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.):_____

□ ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER:_____

□ AMBULANCE, TAKEN TO:_____ CITY:_____

□ FATALITY

□ VEHICLE: MAKE:_____ MODEL:_____ YEAR:_____

6. Occasion

WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT?_____

_____

_____

7. Incident Description

DESCRIBE WHAT HAPPENED:_____

_____

_____

_____

8. Witness

NAME:_____ NAME:_____

ADDRESS:_____ ADDRESS:_____

_____ _____

PHONE:(_____)_____ PHONE:(_____)_____

9. Insured

NAME OF INSURED:_____ POLICY #:_____

CLUB / TEAM NAME:_____ CITY/STATE:_____

10. Coach/Official/Team or League Representative

NAME:_____ PHONE:(_____)_____

TITLE:_____ ORGANIZATION:_____

SIGNATURE:_____ DATE:_____

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