ALLIANCE MANAGEMENT GROUP 2017
STATE SOCCER ASSOCIATIONS OF IOWA, KANSAS AND NEBRASKA

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, INDIANA 46804-4133
PHONE: 800.566.7941 | FAX: 260.969.4729

FIRST REPORT OF ACCIDENT

DATE OF INCIDENT: TIME OF INCIDENT: AM/PM	DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? ☐Yes ☐No If yes, please provide policy #:_____ Insurance Company Name:_____
NAME OF TEAM/CLUB/ORGANIZATION:	
ADDRESS:	DID THIS TAKE PLACE DURING: ☐Practice ☐Pre-Activity ☐Competition ☐Post Activity ☐While Traveling ☐Other:
TELEPHONE NUMBER:	
LOCATION OF INCIDENT:	
ADDRESS OF INCIDENT:	
INJURED PERSON: ☐ATHLETE ☐OFFICIAL ☐COACH ☐SPECTATOR ☐EMPLOYEE ☐VOLUNTEER ☐OTHER:	

INJURED PERSON INFORMATION:

LAST NAME	FIRST		MIDDLE		
ADDRESS					
CITY	STATE	ZIP	PHONE #		
SOCIAL SECURITY #	AGE	D.O.B. / /	☐MALE ☐FEMALE	☐SINGLE ☐MARRIED	
EMPLOYER INFORMATION: NAME_____					
ADDRESS	CITY		STATE	ZIP	

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

LAST NAME	FIRST	MIDDLE	PHONE #	
ADDRESS	CITY		STATE	ZIP

INCIDENT LOCATION

☐Outdoor
☐Indoor
☐Off Property
☐Competition Area
☐Parking Lot
☐Premises/Grounds
☐Bleachers/Stands
☐Concession Area
☐ Restrooms/Locker Rooms

SURFACE

☐Natural grass ☐Synthetic turf
☐Concrete ☐Other

INCIDENT

☐Assault/Sexual
☐Assault/Non-Sexual
☐Fall (different level)
☐Fall (same level)
☐Caught in, on, between
☐Animal/insect bite/sting
☐Collision (with object)
☐Collision (participant/participant)
☐Collision (participant/spectator)
☐Collision (spectator/spectator)
☐Struck by falling/flying object
☐Slip/bodily reaction
☐Slip/Fall
☐Aquatic
☐Trip/Fall
☐Overexertion

PRIMARY INJURY

☐Allergy ☐Dislocation ☐Nausea
☐Amputation ☐Electrical Shock ☐Stroke
☐Abrasion ☐Sting/Bite ☐Burn
☐Laceration ☐Foreign Body ☐Death
☐Drowning ☐Concussion ☐Pain
☐Hypertension ☐Heat Exhaustion ☐Illness
☐Cold Injury ☐Cardiac ☐Fracture
☐Seizures ☐Contusion
☐Strain/Sprain ☐Tooth/Mouth

BODY PART INJURED

☐Eye (L/R) ☐Leg (L/R) ☐Torso
☐Ear (L/R) ☐Foot (L/R) ☐Back
☐Knee (L/R) ☐Ankle (L/R) ☐Internal
☐Shoulder (L/R) ☐Hip (L/R)
☐Arm (L/R) ☐Head
☐Elbow (L/R) ☐Face
☐Wrist (L/R) ☐Nose
☐Hand (L/R) ☐Tooth
☐Finger or Toe (L/R) ☐Neck

DISPOSITION

☐Released to parent ☐Police
☐Refusal of care ☐Ambulance
☐Refer to doctor ☐Report only
☐Refer to hospital or clinic
☐Medical attention
☐EMS transport
☐Patient requested EMS transport
☐Released to personal vehicle

CLASSIFICATION

☐Non-injury
☐Minor injury or illness
☐Serious injury or illness

DESCRIBE HOW THE INCIDENT OCCURRED: (attach a separate sheet if necessary)

WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )

Signature of Coach or Official (with no relationship to claimant):_____

Date:_____ Phone:_____