

INCIDENT REPORT

TO FILE AN EXCESS MEDICAL INSURANCE CLAIM PLEASE CALL THE AIG CLAIM CENTER 800-551-0824

Name of Injured: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____

Parent / Guarding: _____ **Telephone:** _____

Local Program or Club Name: _____

Address: _____ **City:** _____ **State:** _____

Contact Person: _____ **Telephone:** _____

Head Coach of Team: _____ **Telephone:** _____

Team: _____ **Age Division / Category:** _____

Injured Coach **Injured Official** **Injured Spectator** **Injured Volunteer**

Injured Manager **Injured other then player, coach, official, spectator, volunteer** _____

Location of Incident: _____ **Date of Incident:** _____

Incident Occurred: **Game** **Practice** **Other** _____

Description of Incident: _____

Description of Injuries or Property Damage: _____

Medical Information: (Injury, Ambulance, Hospital and Doctor, On site Trainer or EMT) _____

Report Filed By: _____ **Telephone:** _____

Date of Report: _____