UNITED STATES OF AMERICA RUGBY FOOTBALL UNION
USA RUGBY
2013-2014

General Liability
Claims Reporting Procedures and Forms
USA RUGBY (2013-2014)
GENERAL LIABILITY CLAIMS REPORTING PROCEDURES
(See attached forms.)

AN ACCIDENT/INCIDENT REPORT SHOULD BE COMPLETED FOR:

- Any incident resulting in bodily injury.
- Any incident resulting in property damage.
- Any incident resulting in an arrest.
- Any incident that requires search, rescue or evacuation.

ACCIDENT/INCIDENT REPORTS SHOULD BE SUBMITTED AS SOON AS REASONABLY POSSIBLE TO:

Trish Beyer, Director of Amateur Sports & Fitness or
Amee Bell, Account Executive
Entertainment and Sports Insurance eXperts (ESIX)
5660 New Northside Drive, Suite 640
Atlanta, Georgia 30328
678.324.3300 (Telephone)
678.324.3303 (Fax)
tbeyer@esixglobal.com
abell@esixglobal.com

REMINDERS:

STATEMENTS: Do not make statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than ESIX or the insurance company representative. DO NOT ADMIT LIABILITY OR ASSUME RESPONSIBILITY. DO NOT MAKE PROMISES TO PAY.

LOCAL AUTHORITIES: If local authorities investigate the accident, report this information on the Accident/Incident Report.

WITNESSES: Secure names, addresses, phone numbers and statements from witnesses as soon as possible after the incident.

PHOTOS: Take photos of the accident scene as soon as possible.
USA RUGBY (2013-2014)
ACCIDENT/INCIDENT REPORT
(Attach additional sheets as necessary.)

GENERAL INFORMATION:

EVENT: _______________________________ DATE OF INCIDENT: ___________________ TIME: _____________
[ ] A.M. [ ] P.M.

TYPE OF SANCTIONED EVENT: [ ] Practice [ ] Club Event [ ] Tournament [ ] Other (Describe):
_________________________________________________________________________________________________________________

LOCATION/ADDRESS OF INCIDENT:
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

TYPE OF INCIDENT: [ ] Bodily Injury [ ] Property Damage [ ] Fatality [ ] Other (Describe):
_________________________________________________________________________________________________________________

SUBJECTS INVOLVED:

SUBJECT: [ ] Participant [ ] Spectator [ ] Witness [ ] Employee [ ] Volunteer [ ] Other: _______________________________

LAST NAME: _______________________________ FIRST NAME: _______________________________ M.I.: ____________

CIPP #: __________________________________ DATE OF BIRTH: ______________________
[ ] Male [ ] Female

ADDRESS: _____________________________________ CITY: ____________________ STATE: ________ ZIP:_________________

HOME TEL: (______) __________________ WORK TEL: (______) __________________ CELL: (______) ___________________

DESCRIPTION OF ACCIDENT/INCIDENT:

DESCRIPTION OF THE ACCIDENT/INCIDENT (including a discussion of preceding events and conditions, and all actions taken after the accident/incident):
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

DESCRIBE ANY INJURIES OR PROPERTY DAMAGE RESULTING FROM THE INCIDENT:
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

PUBLIC AGENCIES RESPONDING TO INCIDENT:

[ ] Police: ____________________ [ ] Fire Dept.:

[ ] EMT/Ambulance: ____________________ [ ] Other: ____________________

TYPE OF MEDICAL TREATMENT PROVIDED: [ ] First Aid Treatment Only [ ] Emergency Medical Care

DISPOSITION: [ ] Treated and Released [ ] Transported via Ambulance to:  _________________________________________________

[ ] Other: _______________________________________________________________________________________________________

REPORT PREPARED BY:

LAST NAME: _______________________________ FIRST NAME: _______________________________ M.I.: ____________

ADDRESS: _____________________________________ CITY: ____________________ STATE: ________ ZIP:_________________

HOME TEL: (______) __________________ WORK TEL: (______) __________________ CELL: (______) ___________________

RELATIONSHIP TO USA RUGBY: [ ] Club Officer [ ] Coach [ ] Official [ ] Volunteer [ ] Other: ____________________

SUPPLEMENTAL REPORTS ATTACHED:


Updated 01/01/2014
USA RUGBY (2013-2014)
WITNESS STATEMENT REPORT
(Attach additional sheets as necessary.)

GENERAL INFORMATION:

EVENT: _______________________________ DATE OF INCIDENT: _______________ TIME: ___________ ☐ A.M. ☐ P.M.
LOCATION OF INCIDENT: _______________________________________________________________________________________
TYPE OF INCIDENT: ☐ Bodily Injury ☐ Property Damage ☐ Fatality ☐ Other (Describe): _______________________________

WITNESS IDENTIFICATION:

WITNESS: ☐ Participant ☐ Spectator ☐ Employee ☐ Volunteer ☐ Other: _______________________________
LAST NAME: _____________________________________  FIRST NAME: _______________________________ M.I.: ____________
DATE OF BIRTH: ______________________  ☐ Male  ☐ Female
ADDRESS: ______________________________________  CITY: ____________________ STATE: ________  ZIP: _______________
HOME TEL: (______) __________________  WORK TEL: (______) __________________  CELL: (______) ___________________

WITNESS STATEMENT/COMMENTS:

STATEMENT / COMMENTS FROM WITNESS: _______________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

SIGNATURE OF WITNESS: _______________________________   DATE:  _____________________________

STATEMENT TAKEN BY:

LAST NAME: _____________________________________  FIRST NAME: _______________________________ M.I.: ____________
DATE OF BIRTH: ______________________  ☐ Male  ☐ Female
ADDRESS: ______________________________________  CITY: ____________________ STATE: ________  ZIP: _______________
HOME TEL: (______) __________________  WORK TEL: (______) __________________  CELL: (______) ___________________

(Note: Attach this form to the corresponding Accident/Incident Report)