



Arbiter Officials Association Incident Report Form

General Liability: If you are involved in an incident that may give rise to a liability claim (for example, a claim arising from someone being injured or property being damaged), or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information immediately to American Specialty Insurance & Risk Services, Inc. by completing and submitting this form.

Keep a copy for your records and send the completed form to:

American Specialty Insurance & Risk Services, Inc

7609 W. Jefferson Blvd, Suite 150

Fort Wayne, IN 46804

Customer Service: 800-566-7941

claims@americanspecialty.com

For questions regarding the Arbiter Officials Association insurance program, please contact American Specialty at 800-245-2744 or Susanne Watson at swatson@americanspecialty.com.

AMERICAN SPECIALTY FIRST REPORT OF ACCIDENT

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
7609 W. JEFFERSON BLVD., SUITE 150
FORT WAYNE, IN 46804-4133
PHONE: 800.566.7941 FAX: 260.969.4729
email: claims@americanspecialty.com



DATE OF INCIDENT _____ TIME _____ ☐ AM ☐ PM Association/Organization: _____ Address: _____ Telephone Number: _____		DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? ☐ Yes ☐ No If so, please provide: Name of Company: _____ Policy #: _____	
INJURED PERSON: ☐ Athlete ☐ Official ☐ Coach ☐ Spectator ☐ Employee ☐ Volunteer ☐ Other _____ _____		DID THIS TAKE PLACE DURING: ☐ Practice ☐ Pre-Game ☐ During Game ☐ Post-Game ☐ While Traveling ☐ Other _____	
INJURED PERSON INFORMATION			
Last Name _____ First _____ Middle _____		Telephone Number () _____ ☐ Single ☐ Married	
Address _____		Social Security Number: _____	
City _____ State _____ Zip _____		Employer Name: _____	
Age _____	D.O.B. _____ ☐ Male ☐ Female		
GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)			
Last Name _____ First _____ Middle _____		Telephone Number () _____	
Address _____		City _____ State _____ Zip _____	
INCIDENT LOCATION INCIDENT PRIMARY INJURY			
☐ Competition area ☐ Parking lot ☐ Restrooms ☐ Locker rooms ☐ Premises/grounds ☐ Bleachers/stands	☐ Concession area ☐ Admission area ☐ Off property ☐ Store area	☐ Assault/Sexual ☐ Assault/Non-Sexual ☐ Fall (different level) ☐ Caught in/on/between ☐ Collision (with object) ☐ Struck by falling/flying object ☐ Collision (participant/participant) ☐ Collision (participant/spectator) ☐ Collision (spectator/spectator)	
☐ Slip/bodily reaction ☐ Slip/Fall ☐ Aquatic ☐ Overexertion ☐ Animal/insect bite/sting		☐ Allergy ☐ Amputation ☐ Abrasion ☐ Laceration ☐ Drowning ☐ Sting/bite ☐ Cold Injury ☐ Hypertension ☐ Strain/Sprain	
☐ Dislocation ☐ Cardiac ☐ Foreign Body ☐ Fracture ☐ Cardiac ☐ Contusion ☐ Concussion ☐ Tooth/Mouth ☐ Electric Shock		☐ Nausea ☐ Stroke ☐ Burn ☐ Death ☐ Pain ☐ Illness ☐ Seizures	
BODY PART INJURED DISPOSITION CLASSIFICATION			
☐ Eye - L or R ☐ Nose ☐ Neck ☐ Ear - L or R ☐ Knee - L or R ☐ Internal ☐ Shoulder - L or R ☐ Elbow - L or R ☐ Wrist - L or R		☐ Torso ☐ Back ☐ Face ☐ Leg - L or R ☐ Ankle - L or R ☐ Hip - L or R ☐ Foot - L or R ☐ Hand - L or R ☐ Finger or Toe	
☐ Arm - L or R ☐ Tooth ☐ Head		☐ Released to parent ☐ Refusal of care ☐ Refer to doctor ☐ Refer to hospital or clinic ☐ Medical attention ☐ EMS transport ☐ Patient requested EMS transport ☐ Released to personal vehicle	
☐ Police ☐ Ambulance ☐ Report only		☐ 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 PERSON COMPLETING FORM: _____ **DATE** _____

PRINTED NAME: _____ **PHONE:** _____