SPORTS ACCIDENT CLAIM FORM

Policy # SRG-9101737

NOTE: AAU's Accident Medical Coverage is excess. Please submit all charges to your primary medical carrier for review first. Upon reply, forward itemized bills along with Explanation of Benefits from primary Insurer to our attention at the address listed below.

INCIDENT DATE:_______________ **INCIDENT TIME:** __________ **AM / PM**
INJURED PERSON:
❑ ATHLETE ❑ NON ATHLETE ❑ SPECTATOR
Was injured person an AAU Member? ❑ YES ❑ NO
Youth Member? ❑ **Adult Member?** ❑
Was the membership Regular? ❑ **Added Benefit?** ❑
If injured person is an AAU member, identify:
AAU CLUB NAME: ______________________________
AAU CLUB # ______________ **SPORT:** ______________
AAU ASSOCIATION: ______________________________
HOSTING CLUB NAME: ______________________________

DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? ❑ YES ❑ NO
If yes, please provide name of company and policy number.
______________________ # ______________

DID THIS TAKE PLACE DURING: ❑ practice ❑ competition
❑ Travel (to or from event) ❑ Other, ______________
If during competition, list name of event: ______________
City & State event took place: ______________
Did loss take place during AAU sanctioned event? ❑ YES ❑ NO
NOTE: If the incident occurred during a non-sanctioned event, attach roster listing the names of all athletes and coaches on the Injured person's team.

INJURED PERSON INFORMATION

LAST NAME **FIRST NAME** **MIDDLE**
ADDRESS
CITY **STATE** **ZIP**
AGE **DATE OF BIRTH**

TELEPHONE NUMBER: (   )
SOCIAL SECURITY NUMBER: -   -
❑ **MALE** ❑ **FEMALE** ❑ **SINGLE** ❑ **MARRIED**
EMPLOYER NAME:

POSSIBLE PRE-EXISTING CONDITION: ❑ YES ❑ NO

GUARDIAN / PARENT (IF INJURED PERSON IS A MINOR

LAST NAME **FIRST NAME** **MIDDLE**
ADDRESS
CITY **STATE** **ZIP**
TELEPHONE NUMBER: (   )

INCIDENT LOCATION

- Competition Area ❑
- Concession Area ❑
- Parking Lot ❑
- Restrooms / Locker Rooms ❑
- Premises / Grounds ❑
- Live Show Area ❑
- Admission Area ❑
- Off Property ❑
- Store Area ❑
- Bleachers / Stands ❑

INCIDENT

- Assault / Sexual ❑
- Assault / Non-Sexual ❑
- Fall (Different Level) ❑
- Caught In, On or Between ❑
- Slip, Bodily Reaction ❑
- Animal / Insect Bite / Sting ❑
- Collision (With Object) ❑
- Collision (Participant / Participant) ❑
- Collision (Participant / Spectator) ❑
- Collision (Spectator / Spectator) ❑
- Struck by Falling / Flying Object ❑
- Overexertion ❑
- Slip / Fall ❑
- Eligibility ❑
- Fall (Same Level) ❑
- Aquatic ❑
- Trip / Fall ❑
- Drug / Testing ❑

MEDICAL SERVICES

- Antacid ❑
- Aspirin ❑
- Aspirin Substitute ❑
- Bandaged ❑
- Ointment / Antiseptic ❑
- Band – Aid ❑
- CPR ❑
- Cleansed ❑
- Cold Pack ❑
- Eye Rinse ❑
- Glucose ❑
- Ice Pack ❑
- Oxygen ❑
- Rest ❑
- Removal ❑
- Splinted ❑
- Wrapped ❑
- Exam ❑
- NONE ❑

Treated By:
____

DISPOSITION

- Released to Parent ❑
- Refusal of Care ❑
- Refer to Doctor ❑
- Refer to Hospital / Clinic ❑
- Medical Attention ❑
- EMS Transport ❑
- Patient Requested EMS Transport ❑
- Released to Personal Vehicle ❑
- Police ❑
- Ambulance ❑
- Report Only ❑

PRIMARY INJURY

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

BODY PART INJURED

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

CLASSIFICATION

- Facility / Event Related ❑
- Minor Injury / Illness ❑
- Serious Injury / Illness ❑
- Non-Injury ❑
- Not Facility / Event Related ❑

Send report to: **Nahga Claim Service, P.O. Box 189 100 Main St., Bridgton, Maine 04009, Phone 800-952-4320**
Fax 207-647-4569 E-mail aau@nahga.com (11/21/06)

FIRST REPORT OF GENERAL LIABILITY AND ACCIDENT / PROPERTY DAMAGE – PAGE 2

Describe how the incident occurred:

WITNESS INFORMATION (Please Print)

NAME	ADDRESS	TELEPHONE NUMBER
1.)		
2.)		

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."
For claimants not residing in California, New York, or Pennsylvania: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Club Contact or Witness (with no relationship to claimant)	DATE
Printed name of Person Above	( ) Phone Number
Signature of Guardian / Parent (If Injured is a Minor)	DATE
Printed name of Guardian / Parent (If Injured is a Minor)	( ) Phone Number

WHENEVER AN ACCIDENT OCCURS:

An incident report must be completed immediately and mailed to the address shown below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions regarding completion of the form, please call **Nahga Claim Service 1-800-952-4320.**

REMEMBER! INCIDENT REPORT FORMS MUST BE COMPLETED BY A COACH OR AAU ADMINISTRATOR.

Send To: Nahga Claim Service, P.O. Box 189 100 Main St., Bridgton, Maine 04009, Phone 800-952-4320
Fax 207-647-4569 E-mail aau@nahga.com

(11/21/06)