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FIRST REPORT OF ACCIDENT





7609 W. JEFFERSON BLVD., SUITE 150 FORT WAYNE, IN 46804-4133 PHONE: 800.566.7941 FAX: 260.969.4729 email: claims@americanspecialty.com

City State Zip Employer Name: Address: Age D.O.B. Male Female Address: Address: GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR) Middle Telephone Number () Last Name First Middle Telephone Number () Address City State Zip INCIDENT LOCATION INCIDENT PRIMARY INJURY Competition area Concession area Assault/Sexual Slip/bodily reaction Allergy Dislocation Nausea Parking lot Admission area Assault/Non-Sexual Slip/Fall Amputation Cardiac Stroke Restrooms Off property Fall (different level) Aquatic Advasion Foreign Body Burn Locker rooms Store area Calight in/on/between Overexertion Laceration Fraecure Death Premises/grounds Struck by falling/flying Sting Sting/bite Contusion Illness	DATE OF INCIDENTTIME AM DPM Team/Club/Organization: Address: Telephone Number:		DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? Yes No If so, please provide: Name of Company: Policy #:			
Last Name First Middle Telephone Number () Single Married Address Social Security Number:			During Game Post-Game While Traveling			
Address Social Security Number: City State Zip Age D.O.B. Image: Address: GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR) Address:	INJURED PERSON INFORMATION					
City State Zip Employer Name: Age D.O.B. Male Female GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)	Last Name Fi	irst Middle	Telephone Number ()	Single Married	
City State ZIP Address: 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 Concession area Assault/Sexual Slip/Fail Annoutation Cardiac Strok by Sasault/Non-Sexual Slip/Fail Annoutation Cardiac Stroke Strok by Sasault/Non-Sexual Slip/Fail Annoutation Fracture Death Death Competition area Concession area Assault/Non-Sexual Slip/Fail Annoutation Fracture Death Born Cardiac Stroke Strok by failing/flying Sting by failing/flying Concussion Earcture Peath Bleachers/stands Strok by failing/flying Strok by failing/flying Strok by failing/flying Collision (participant/spectator) Collision (participant/spectator) Collision (participant/spectator) Strok by Strok by Stroke Stroke by Concussion Stroke by Concussion Stroke by Concussion Stroke by Concussion Stroke by Concussion<	Address		Social Security Number:			
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NAME ADDRESS TELEPHONE NUMBER 1. ()	Competition area Parking lot Restrooms Concession area Admission area Off property Locker rooms Store area Premises/grounds Bleachers/stands Bleachers/stands Bleachers/stands Boby PART INJUREI Eye - L or R Back Neck Face Ear - L or R Knee - L or R Ankle - L or R Ankle - L or R Hip - L or R Shoulder - L or R Elbow - L or R Wrist - L or R Finger or Toe	Assault/Sexual 3 Assault/Non-Sexual 3 Fall (different level) 1 Caught in/on/between 0 Collision (with object) 1 Struck by falling/flying s object Collision (participant/particip Collision (participant/spectate Collision (spectator/spectator) Arm - L or R Released Tooth Refer to d Head Refer to d EMS trans Patient red Released Released	Slip/bodily reaction Slip/Fall Aquatic Overexertion Animal/insect bite/ sting ant) or) r) DISPOSITION to parent f care octor ospital or clinic ttention sport quested EMS transport to personal vehicle	Allergy Dis Amputation Ca Abrasion Fo Laceration Fra Drowning Ca Sting/bite Co Cold Injury Co Hypertension To Strain/Sprain Ele Police N Ambulance N	slocation Nausea ardiac Stroke reign Body Burn acture Death ardiac Pain ontusion Illness oncussion Seizures oth/Mouth actric Shock CLASSIFICATION Jon-Injury Minor injury or illness	
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SIGNATURE OF PERSON COMPLETING FORM: DATE DATE		ING FORM:			ATE	