

## INCIDENT REPORT

NATURE: GENERAL LIABILITY: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE	
<input type="checkbox"/> ACCIDENTAL MEDICAL <input type="checkbox"/> OTHER _____	
SCHOOL / ORGANIZATION	
NAME OF INJURED PARTY	
U.S. MAILING ADDRESS	
DATE OF INJURY (MM/DD/YY)	LOCATION
INJURED PARTY IS: <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> SPECTATOR <input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER _____	
BODY PART	
CARE TAKEN: <input type="checkbox"/> ON-SITE CARE ONLY <input type="checkbox"/> AMBULANCE / OTHER TRANSPORT <input type="checkbox"/> FATALITY	
SUMMARY OF INCIDENT (SITUATION / EXACT LOCATION / TIME OF OCCURRENCE)	

**WITNESS:**

NAME	PHONE
U.S. MAILING ADDRESS	
NAME INSURED ON POLICY	POLICY NUMBER

**YOU CAN SUBMIT THIS COMPLETED FORM BY MAIL, EMAIL, OR FAX USING THE INFORMATION BELOW:**



**Mail**

Relation Insurance Services, PO Box 25936, Overland Park, KS 66225



**Email**

programs@relationinsurance.com



**Fax**

(913) 327-7520