

Washington Township Parks and Recreation

ACCIDENT REPORT FORMS and INSURANCE INFORMATION

Attached are Accident Report Forms to be used in case a participant in a Parks and Recreation sport is injured. In the event that an accident occurs, the attached form must be completed by the coach and turned into the Parks and Recreation Office within 24 hours (unless a weekend) of the accident.

The following procedures must be followed in order to guarantee coverage:

1. Accident Report Form must be filled out by the coach within 24 hours of the accident and turned into the Parks and Recreation Office.
2. Upon turning in the Accident Report Form, pick up an insurance form to be completed by the claimant and coach.
3. *The insurance form must be completed and sent to the insurance company within 90 days of the injury.*
 - a. The policy with Maksin Management Corp. for all sports programs except intramural and travel soccer is a secondary insurance coverage policy. Therefore, an Explanation of Benefits statement from the claimant's insurance company is *required*. There is a \$100.00 deductible
 - b. The policy with New Jersey Youth Soccer for the intramural and travel soccer programs is a secondary insurance coverage policy. Therefore, an Explanation of Benefits statement from the claimant's insurance company is *required*. There is a \$500.00 deductible.

Once all information is submitted, any questions that may arise will be directed to the parent/guardian of the claimant. Parks and Recreation has no jurisdiction over payment of the claim.

If you have any questions regarding these procedures, please feel free to contact Parks and Recreation at 589-3227.

***REMEMBER ALL ACCIDENTS MUST BE REPORTED WITHIN 24 HOURS.
NO EXCEPTIONS!***

ACCIDENT REPORT FORM

Name of Injured: _____ Date: _____

Address: _____ Phone: _____

_____ Phone: _____

Social Security Number: _____ DOB: _____

Parent or Guardian: _____ Phone: _____

Address (if different) _____

Date of Injury _____ Time of Injury: _____ AM _____ PM

Location (facility/school) where injury occurred: _____

Activity in which injury occurred: _____ Coach: _____

Weather Conditions: _____

Part of body injured: _____

Nature of possible or suspected injury (sprain, fracture, bruise, etc.): brief description _____

Describe how accident occurred: _____

IMMEDIATE ACTION TAKEN

_____ First Aid Applied (give brief description) _____

_____ Sent to physician's office _____ Called family

_____ Sent to hospital _____ Other _____

METHOD OF TRANSPORTATION

_____ Ambulance _____ Other _____

_____ Private vehicle _____

WITNESS(ES) TO ACCIDENT

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Reviewed by P&R Staff Member: _____

Date turned in: _____ Time: _____