

# SCHOLASTIC CLAY TARGET PROGRAM and SCHOLASTIC ACTION SHOOTING PROGRAM

## Report of Occurrence

Nature of Accident:  Bodily Injury  Property Damage

POLICY NUMBER: CPP 0102825-08

Date of Accident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ SCTP/SASP Club Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Injured:  Athlete  Coach  Volunteer  Guest/Spectator  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Parent Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Location of Accident – Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police or Fire Department contacted: \_\_\_\_\_ Report Number: \_\_\_\_\_

Affected Body Part (Specify R or L):  Head/Neck  Leg/Foot  Ears/Nose/Mouth/Teeth  Hand/Arm  Knees

Shoulder  Torso  Internal  Other: \_\_\_\_\_

Describe the Injury: \_\_\_\_\_

\_\_\_\_\_

On Site care given by:  Coach  Volunteer  Parent  EMT/Paramedic  Facility Staff  Other \_\_\_\_\_

Name of Person giving care: \_\_\_\_\_

On Site care given:  Ice  Immobilized  Bandage  Cleaned  Other: \_\_\_\_\_

Care refused by injured:  Yes  No If yes injured party or guardian/parent signature: \_\_\_\_\_

Parent/Guardian notified:  Yes  No Comments? \_\_\_\_\_

Taken to Clinic/Hospital:  Yes  No Transported by ambulance  Yes  No Taken to: \_\_\_\_\_

Property Damage:

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner address: \_\_\_\_\_ Email: \_\_\_\_\_

List Damage: \_\_\_\_\_ Est Cost of Repairs \_\_\_\_\_

Please include names and phone numbers of all witnesses: (Attach additional sheet if necessary)

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Report Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Head Coach is responsible for submitting completed form immediately following incident to:**

### SCHOLASTIC SHOOTING SPORTS FOUNDATION

Attn: Ben Berka, Executive Director

5931 Roft Road, San Antonio TX 78253

Phone: 515-201-8395

Email: [bberka@sssfonline.com](mailto:bberka@sssfonline.com)

**AND**

### SPORTSMAN'S INSURANCE AGENCY, INC.

Attn: Leslie Casanova, Manager

1364 N US Hwy 1, Ste 503, Ormond Beach, FL 32174

Phone: 1-800-925-7767 Fax: 386-677-3292

Email: [lcasanova@siai.net](mailto:lcasanova@siai.net) Cell: 386-212-7061

**Please attach any additional reports (facility reports, police reports, newspaper articles, witness statements, waiver & releases)**