

Reporting Procedure for Spectator Insurance

Name of District: _____

Name of Team: _____

Coach: _____ Phone: _____

Advisor: _____ Phone: _____

Name(s) of team member(s) involved _____

Name of Event: _____

Date of Event: _____

Name of Injured Spectator** _____

Address: _____

Phone: _____

***For additional names/address of spectators involved, please list them on the back.*

Description of Accident:

Action Taken:

Immediately Advise: State Board Insurance Chair, Luanne Boettiger

541-747-9891 or lboettiger@ohset.com

Submit Form in duplicate to State Board Insurance Chair

PO Box 2266, Jasper, OR 97438