



## AMERICAN SPECIALTY™

### INCIDENT REPORT INSTRUCTIONS

Whenever an Accident Occurs:

An incident report must be completed immediately and mailed to the address shown below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to answer all the questions, it is important that the form be completed as fully as possible. Do not delay sending in the report form; an incomplete form is better than none at all. Always include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions regarding completion of the form, please call American Specialty Insurance Services at 1-800-245-2744.

Mail the completed report to:

American Specialty Insurance & Risk Services, Inc.  
ATTN: Claims Department  
142 N. Main Street, P.O. Box 459  
Roanoke, IN 46783-0309  
Phone:(800) 566-7941 Fax:(260) 672-8835

**In case of serious injury, immediately notify American Specialty by calling 1-800-566-7941 (if after hours, follow the instructions for emergency claims reporting). This number is answered 24 hours a day, 365 days a year. It is important that you contact this claim line as soon as possible after a serious injury involving a participant or spectator.**



# FIRST REPORT OF AUTO ACCIDENT

**If the injury or property damage was the result of an AUTO ACCIDENT, please complete this section:**

PERSON DRIVING THE AUTO: \_\_\_\_\_ Injured Not injured

Address: \_\_\_\_\_

OWNER OF THE AUTO: \_\_\_\_\_

Address: \_\_\_\_\_

MAKE/MODEL/YEAR OF AUTO: \_\_\_\_\_

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN THE AUTO:

Name: \_\_\_\_\_ Injured Not injured

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Injured Not injured

Address: \_\_\_\_\_

**NOTE:** PLEASE USE THE REVERSE SIDE OF THIS FORM TO PROVIDE INJURY INFORMATION. A LIST OF ALL PASSENGERS AND INJURY INFORMATION FOR ALL INJURED PERSONS SHOULD BE PROVIDED; PLEASE USE ADDITIONAL INCIDENT REPORT FORMS OR SEPARATE SHEETS OF PAPER, IF NECESSARY.

PURPOSE OF TRIP: \_\_\_\_\_

NAME OF POLICE DEPARTMENT WHICH INVESTIGATED THE ACCIDENT: \_\_\_\_\_

**If the accident involved a collision with another automobile, please complete the following:**

PERSON DRIVING OTHER AUTO: \_\_\_\_\_ Injured Not-injured

Address: \_\_\_\_\_

OWNER OF OTHER AUTO: \_\_\_\_\_

Address: \_\_\_\_\_

MAKE/MODEL/YEAR OF OTHER AUTO: \_\_\_\_\_

LIST NAMES AND ADDRESSES OF ALL PASSENGERS IN OTHER AUTO:

Name: \_\_\_\_\_ Injured Not injured

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Injured Not injured

Address: \_\_\_\_\_

(Attach separate sheet of paper, if necessary.)

# FIRST REPORT OF PROPERTY DAMAGE

**(OTHER THAN AUTO ACCIDENTS)**

If property was damaged, please supply a description of the property and list the owner. (If an auto accident, see above.)

Description of property: \_\_\_\_\_

Description of damage: \_\_\_\_\_

Owner's name and address: \_\_\_\_\_

Owner's telephone number: (\_\_\_\_\_) \_\_\_\_\_ (day) (\_\_\_\_\_) \_\_\_\_\_ (evening)