



First Report of Accident Instructions

Whenever significant injury occurs that you believe may lead to an insurance claim, an incident report must be completed and sent to Lockton Companies. On the webpage <https://usskiandsnowboard.org/sport-development/club-development/club-insurance>, locate the Participant Accident Insurance section and complete the First Report of Accident and Fraud Statement & Authorization forms.

You will receive a completed copy via email once the form is submitted. Alternatively, a physical copy of the form can be filled out and sent to claims@usskiandsnowboard.org. The completed form should also be included with the result packet.

Reports that are not submitted online should be emailed to claims@usskiandsnowboard.org.

In the case of a suspected concussion, the Concussion Medical Evaluation form must be immediately submitted by email or by fax to the below address. The athlete will be placed on member hold pending an evaluation by a certified medical professional.

Jeff Weinman
jeff.weinman@usskiandsnowboard.org
Fax: (435) 940-2770

Incident reports should be completed whether the person involved is a participant or a spectator. Although you may not have sufficient information to answer all the questions, it is important that the form be completed as fully as possible including athlete name, national ID, injury date, injury information, and competition information, if applicable. Please list facts only; speculations should be avoided. Do not delay sending in the report form; an incomplete form is better than none at all.

If you have any questions regarding completion of the form, please contact U.S. Ski & Snowboard at claims@usskiandsnowboard.org.

In case of serious injury, immediately notify Jeff Weinman (435.647.2030). If after hours, please leave a message

Summary of Documents to complete:

1. [K&K Claim Form / First Report of Accident](#)
2. [K&K Fraud Statement & Authorization](#) (completed by injured party)
3. [TD Accident Report](#)
4. [FIS Notice of Injury](#) (for FIS events)
5. [Concussion Medical Evaluation](#) (if concussion suspected)