

# Silent Sports Association Incident Report

It is important to have written incident reports on file regarding injuries, property damage or other incidents that may result in a claim against your sports organization. Many such claims allege negligence, and written reports prepared immediately after an incident occurs are invaluable in defending these types of claims. In the event of a serious injury, it is important to ask for written statements from witnesses and individuals actually involved in the incident. One copy of the report should be kept on file with your organization for at least three years since many lawsuits are filed long after the injury occurs. One copy should be forwarded to McKay Insurance Agency – contact information is at the bottom of page two.

Attach any additional information that might be helpful in defense of a future claim, such as a police report, doctor's statement, pre-event inspection report, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

This report is to be completed by:

An official member of the organization for incidents occurring during covered activities or events. This may be a race director, a bike tour guide, the president of a bike club, etc.

1. General Information

DATE AND TIME OF REPORT: \_\_\_\_\_

REPORTER'S NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EVENT/ACTIVITY: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

2. Provide full description of all events leading up to and including the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a longer description if necessary.)

3. Witnesses

Full Name	Address	Statement Attached (Y/N)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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4. Who responded to the incident (include all parties - Athletic Trainers, Security, Paramedics, Police, etc.): \_\_\_\_\_

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5. If an Injury is involved, please provide the following:

Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Relationship to event: \_\_\_\_\_ Participant \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

6. Describe injury (specify where on body, right or left side): \_\_\_\_\_

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7. Was First Aid treatment required? \_\_\_\_\_

8. If yes, who provided First Aid treatment? \_\_\_\_\_

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9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

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Other Comments: \_\_\_\_\_

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10. Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge.

Reporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Keep one copy on file with your organization, and send one copy to:**

**McKay Insurance Agency, Inc.  
106 E. Main Street - PO Box 151  
Knoxville, IA 50138  
641-842-2135 main  
641-828-2013 fax**