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: _____

NAME OF CLUB / ORGANIZATION: _____

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

_____

_____

_____

_____

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

Injured Person's Name:_____ Age: _____

Address: _____

Phone:_____ Sex: Male_____ Female_____

Relationship to event: _____Participant _____ Official _____Spectator _____Other:_____

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

_____

_____

_____

7. Was First Aid treatment required? _____

8. If yes, who provided First Aid treatment?_____

_____

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

_____

_____

_____

Other Comments: _____

_____

_____

_____

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
insurance@mckayinsagency.com