

## Silent Sports Incident Report



*Note - This report is to be completed by: an official member of the organization which may be the event director, a bike tour guide, an officer of the club, the ride leader, etc. It should NOT to be completed by the injured party.*

- It is important to have a written incident report on file regarding injuries, property damage or other incidents that may result in a claim against your organization. Many claims allege negligence on the part of the organization, 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.
- Please complete the following Incident Report and return this to McKay Insurance with any other pertinent information such as a police report, witness statements, pre-event inspection report, routine facility maintenance report, photos taken at the time of the incident, etc. Your organization should retain a copy of the report for a minimum of 3 years, as many lawsuits are filed long after an injury occurs.

### GENERAL INFORMATION

Name of Club/Organization: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date and Time of Report: \_\_\_\_\_

Reporter's Name: \_\_\_\_\_ Reporter's Title: \_\_\_\_\_

Reporter's Phone #: \_\_\_\_\_ Reporter's Email: \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM

Location of Incident: \_\_\_\_\_

Provide a full description of all events leading up to & including the incident (*attach as separate page if needed*):

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

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

Witnesses:

Full Name	Address	Statement Attached?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

INCIDENT INFORMATION (continued)

Who responded to the incident? Include all parties – such as paramedics, police, security, coaches, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed description of surroundings where the incident occurred, including facility condition, weather conditions, etc.: \_\_\_\_\_  
\_\_\_\_\_

INJURED PARTY INFORMATION

Check here if no injuries involved

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

Name of Parent/Guardian if the Injured Person is under 18: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female

Relationship to Event/Activity:  Registered Participant  Registered Coach  Spectator  
 Volunteer  Club Member  Guest (Non-Member)

*\*Please provide a copy of the liability waiver the injured party signed for this event/activity.*

Was first aid treatment provided on site?  YES  NO If YES, by who? \_\_\_\_\_

Did the injured person seek professional medical treatment?  YES  NO  UNKNOWN

*(\*Example: taken by ambulance or family to ER, made appointment with physician, etc.)*

OTHER COMMENTS:

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

VERIFICATION STATEMENT

By signing this Incident Reporting Form, I verify that this report is true and correct to the best of my knowledge.

\_\_\_\_\_  
Reporter's Signature

\_\_\_\_\_  
Date

**Keep a copy of this incident report on file with your organization and send one copy to McKay Insurance.**

McKay Insurance Agency, Inc.  
PO Box 151 | 106 East Main Street  
Knoxville, IA 50138

<https://www.silentsportsinsurance.com>

insurance@mckayinsagency.com  
phone: (800)942-0283  
fax: (641)828-2013