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: ____________________________

Reporters Name: ____________________________  Reporter’s Title: ____________________________

Reporters Phone #: ____________________________  Reporters 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):

________________________________________________________________________

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________________________________________________________________________

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

Witnesses:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Statement Attached?</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] YES  [ ] NO</td>
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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.