

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 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 involved in the incident.
- 🚲 Please complete the following Incident Report and return this to McKay Group 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 Policyholder/DBA: _____

Event/Activity: _____

Date and Time of Report: _____

Reporter's Name: _____ Reporter's Title: _____

Reporter's Phone #: _____ Reporter's Email: _____

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: _____

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 person signed for this event/activity (if applicable).*

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Location of Incident: _____

Where and how did the accident occur? (Attach as separate page if needed):

Describe the injuries, if any (part of body injured, right or left side, etc.): _____

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.)

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

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.: _____

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 Group.

McKay Group
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