

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 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 by your organization and a copy sent to Bollinger Insurance, since many lawsuits are filed long after the injury occurs.

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

This report is to be completed by:

Coach or Official            For incidents occurring during regular, pre-season or post-season team activities.  
Director or Sponsor        For incidents occurring during tournament or special events.  
Director or Coach          For incidents occurring during camps or clinics.

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:

---

---

---

---

---

---

3. Witness

	<u>Address</u>	<u>Statement Attached (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Who responded to the incident (include all parties —Coaches, Athletic Trainers, Campus Security, Paramedics, Policy, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Position: \_\_\_\_\_ Player \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other

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

7. Was First Aid Treatment Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

10. Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. 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: \_\_\_\_\_