



# NWAL Incident Report

It is important to have written incident reports on file regarding injuries, property damage or other incidents that may result in a liability 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 best, if possible, 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 sports organization for at least seven years since many lawsuits are filed long after the injury occurs. One copy should be forwarded to the NWAL League Officers.

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

This report should be completed by a representative of the Named Insured, and discretion should be used with regard to contacting parties involved or witnesses.

## 1. General Information

NAME OF INSURED/EVENT: \_\_\_\_\_ DATE AND

TIME OF REPORT: \_\_\_\_\_

REPORTER'S NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ PHONE

(CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EVENT/ACTIVITY:

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

## 2. Details

Provide full description of all events leading up to and including the incident:

---

---

---

---

---

(Attach a longer description if necessary.)

### 3. Witnesses

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Statement Attached (Y/N) \_\_\_\_\_

Details provided by Witness:

### 4. Response

Who responded to the incident? (Include all parties - Coaches, Athletic Trainers, Campus Security, Paramedics, Police, etc.): \_\_\_\_\_

### 6. Describe Injury

If an Injury is involved, please provide the following:

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

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

Phone (H): \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Position/Role: Player \_\_\_\_\_ Coach \_\_\_\_\_

(Specify where on body, right or left side, severity of injury, etc.): \_\_\_\_\_

Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

---

---

Was First Aid treatment required? \_\_\_\_\_

If yes, who provided First Aid treatment?

---

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

---

**7. Other Comments:** \_\_\_\_\_

---

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 sports organization, and e-mail one copy to:**

[Treasurer@nwal.org](mailto:Treasurer@nwal.org)  
[Complicance@nwal.org](mailto:Complicance@nwal.org)  
[President@nwal.org](mailto:President@nwal.org)

