



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 RPS Bollinger.

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:

**Dana Martinez Treasurer@nwal.org Karen Benefield Complicance@nwal.org
Matt Waindel President@nwal.org**

