Monument SPORTS GROUP

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PRO SPORTS 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 important 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 indefinitely since many lawsuits are filed long after the injury occurs. One copy should be forwarded to CLAIMS@MONUMENTSPORTS.COM.

Attach any additional information that might be helpful in defense of a future claim, such as signed waiver, 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 is to be completed by: Representative for incidents taking place at your facility

1. General Information

CLIENT NAME: _____

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: _____

INCIDENT LOCATION (please check all that apply)

Competition area ☐ Concession area ☐ Parking lot ☐ Admission area ☐ Restrooms/locker rooms ☐

Off property ☐ Premises/grounds ☐ Store area ☐ Bleachers/stands ☐

2. Details

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

_____

_____

_____

_____

_____

(Attach a longer description if necessary.)

3. Response

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

_____

_____

_____

4. Describe Injury (If an Injury is involved, please provide the following)

Injured Person's Name: _____ Age/D.O.B: _____

Address: _____ Phone (H): _____

Sex: _____

Position: Player ☐ Coach ☐ Official ☐ Spectator ☐ Other:_____

Name of Team/Organization: _____ Is this person part of a Group renting the facility/field? ☐ Yes ☐ No

Does the Team/Organization/Rental Group have its own Liability and Accident policy? ☐ Yes ☐ No

Was First Aid treatment required? ☐ Yes ☐ No **If yes, please indicate below:**

FIRST AID TREATMENT

Antacid ☐ Eye rinse ☐ Aspirin ☐ Glucose ☐ Aspirin Substitute ☐ Ice Pack ☐ Bandaged ☐ Oxygen ☐ Ointment/antiseptic ☐ Splinted ☐ CPR ☐ Wrapped ☐ Cleansed ☐ Exam ☐ Cold Pack ☐

Treated by: _____

Specify where on body, right or left side, severity of injury, etc.:

_____

_____

_____

Please provide detailed description of surroundings, facility condition, etc.

_____

_____

_____

If the injured person was a Sports Participant:
On what type of playing surface (turf, sport court, etc.) did the injury occur? _____
Did the injured person/legal guardian sign a waiver? ☐ Yes ☐ No **If yes, forward a copy along with this report.**

Witness Info: Name_____ Phone_____

Witness Info: Name_____ Phone_____

Other Comments:

_____

_____

_____

Checklist before submitting:

- Waiver Collected: ☐ If no, please advise why: _____
- Video of Incident: ☐ Preserved on external drive *Check here if you do not have video* ☐
- Is there video of the injured party prior to incident? ☐ Yes ☐ No
- **Is this report being submitted as "Info Only" / "Record Only" ☐ Yes ☐ No**
  - *Skip next two questions if "YES"*
- **Has the injured person asked about insurance, medical bills, etc.? ☐ Yes ☐ No**
- **Has an Attorney Letter of Representation or Lawsuit been received ☐ Yes ☐ No**

Reporter's Signature: _____ Date: _____

Keep one copy on file with your facility, and please send report to claims@monumentsports.com
Office: 866-674-1234 / Direct: 804-441-7408/ Fax: 866-352-1401