



**Silent Sports Association Incident Report, page 2.**

4. Who responded to the incident (include all parties - Athletic Trainers, Security, Paramedics, Police, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If an Injury is involved, please provide the following:  
Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Relationship to event: \_\_\_\_\_ Participant \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

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

7. Was First Aid treatment required? \_\_\_\_\_  
8. If yes, who provided First Aid treatment? \_\_\_\_\_  
\_\_\_\_\_

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

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 organization, and send one copy to:**

**McKay Insurance Agency, Inc.  
106 E. Main Street - PO Box 151  
Knoxville, IA 50138  
641-842-2135 main  
641-828-2013 fax**