

SANCTION #: [REDACTED]



LBC: [REDACTED]

MEMBER#: [REDACTED]

## CRITICAL INCIDENT REPORT

*To be completed as directed*

### SECTION I: INCIDENT DETAILS

PARTICIPANT NAME(S): [REDACTED]

DATE: [REDACTED]

TIME: [REDACTED]

YOUR NAME: [REDACTED]

OFFICIAL IN CHARGE: [REDACTED]

YOUR ROLE: [REDACTED]

YOUR LOCATION: [REDACTED]

VENUE: [REDACTED]

### SECTION II: INCIDENT DESCRIPTION

When completing this form, please note the following:

- Complete this form as soon as possible. Time is a major factor on the handling of this incident
- Provide objective details. These are things you saw, heard, or did.
- Avoid using opinions. If you feel it is necessary, **CLEARLY** mark any opinions in your submission.
- Please elaborate on as much detail as possible. Use names, and clear descriptions of objects or events when possible.
- Please report all details in the order of which they happened.
- Keep in mind, the more detailed the information, the better USA Boxing can assist in resolving the incident

**Example:**

*On January 1st, 2021, I was working as the third judge during the USA Boxing local event at the State fairgrounds in Atlanta, GA. I was ringside when I noticed Joe Smith collapse to the ground after receiving a right hook to the left side of his head. He was unresponsive and the ringside physician immediately entered the ring and began attending Joe Smith.*

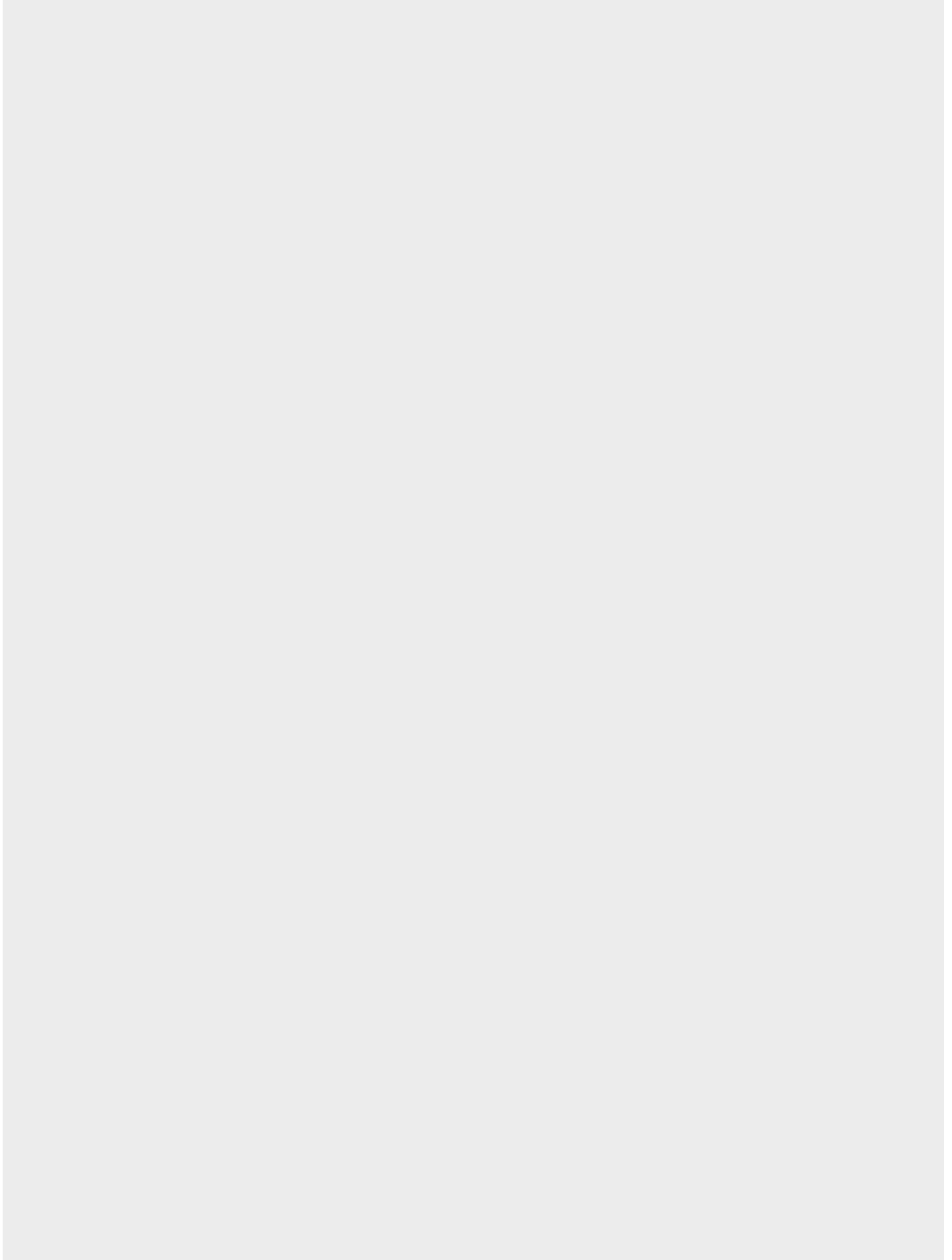
**Please describe your account of the incident below:**

[REDACTED]

***Please describe your account of the incident below (cont.):***

A large, empty gray rectangular area intended for describing the incident. This area is currently blank, providing space for the user to provide their account of the incident.

**Please describe your account of the incident below (cont.):**



By signing below, I acknowledge the testimony given on this document is to the best of my ability.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date