



## INCIDENT REPORT FORM

Use this form to report any and all incidents on or off the field of play (except injuries occurring in the course of competition). If possible, a report should be completed within 24 hours of the event.

Date of Report:

### PERSON FILING REPORT

Full Name:

Title/Role:

Event Name:

Event Date/Location:

Signature:

Date:

### THE INCIDENT

Date of Incident:

Time:

Location (i.e., in spectator area):

Describe the Incident (use 2<sup>nd</sup> sheet if needed):

### PERSON(S) INVOLVED

1. Name:

Email:

Phone:

2. Name:

Email:

Phone:

3. Name:

Email:

Phone:

## INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

## WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

1. Full Name:

Phone:

E-Mail:

2. Full Name:

Phone:

E-Mail:

3. Full Name:

Phone:

E-Mail:

## POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No

If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided? ☐ On site ☐ Hospital ☐ Other:

## OFFICE USE ONLY

Report received by:

Date:

Follow-up action taken: