INCIDENT REPORT FORM

Coaches: Complete and return this form to your division VP.

AFFECTED PARTY: ☐ Player ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ Other

Last Name	First Name	MI	☐ Male ☐Female
			Birthdate:
Address:			Division/Team:

City: State: Zip: Telephone: ( )

Contact email(s):

GUARDIAN/PARENT (If affected party is a minor): Present at time of incident? ☐ Yes ☐ No If no, Notified date/time _______________

Last Name: First Name : MI Telephone: ( )

Address: City: State: Zip:

INCIDENT INFO:	Date of Incident:	Field Location:	Time of Incident:

Team Involved #1:	Manager Name:
Team Involved #2:	Manager Name:

BODY PART INJURED			PRIMARY INJURY			LOCATION OF INCIDENT
☐ Ankle (L/R)	☐ Shoulder (L/R)	☐ Tooth	☐ Abrasion	☐ Dislocation	☐ Pain	☐ Game field ___________________
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Back	☐ Burn	☐ Foreign Body	☐ Seizures	☐ Practice field _________________
☐ Leg (L/R)	☐ Finger	☐ Neck	☐ Cardiac	☐ Fracture	☐ Sting/Bite	☐ Parking Lot
☐ Foot (L/R)	☐ Eye (L/R)	☐ Internal	☐ Cold Injury	☐ Heat Exhaustion	☐ Strain	☐ Restrooms
☐ Toe	☐ Ear (L/R)	☐No Injury	☐ Concussion	☐ Laceration	☐ Sprain	☐ Off Property
☐ Arm (L/ R)	☐ Nose	☐ Other	☐ Contusion	☐ Nausea		☐ Bleachers/Stands
☐ Hand (L/R)	☐Head					☐ Snack Bar

INCIDENT		DISPOSITION	
☐ Collision (participant/spectator)	☐ Animal/insect bite/sting	No care given:	☐ Not Needed
☐ Collision (with object)	☐ Slip/Fall		☐ Patient Refused
☐ Collision (participant/participant)	☐ Property Damage	Released:	☐ To Parent
☐ Collision (spectator/spectator)	☐ Assault/Sexual		☐ To Personal Vehicle
☐ Struck by falling/flying object	☐ Assault/Non-Sexual	Referral:	☐ To Doctor
			☐ To Hospital/Clinic
		EMS transport:	☐ Patient/Parent Requested

FIELD SURFACE: ☐ Dirt ☐ Grass **CLASSIFICATION** ☐ Non-Injury (threat, assault) ☐ Minor Injury or illness ☐ Serious Injury or Illness

POLICE REPORT FILED: ☐ Yes ☐No If yes, report number: Officer's Name & Badge #:

Describe how the incident, injury or property damage occurred: (Use the backside or attach a separate sheet if necessary.)

Was Medical Attention necessary as a result of the incident? ☐ Yes ☐ No If yes, please describe nature of first aid/CPR delivered:

WITNESS INFORMATION - Confidential

Name	Address	Telephone #
1.		
2.		

Person/Volunteer completing/submitting this form:

Name:	Signature:	Ph: ( )
Position Title:	Email address:	Date:
Board Member On Duty:	Signature:	Date:

What actions were taken by the league/team representative after the incident?