

1. General Information

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: LOCATION OF INCIDENT:

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

(Attach a longer description if necessary.)

3. Witnesses

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: