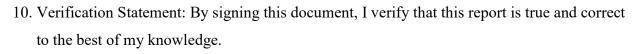
| 1. General Information DATE AND TIME OF REPORT: |
|--|
| REPORTER'S NAME: POSITION: HOME ADDRESS: PHONE (H): PHONE (W): PHONE (CELL):_EMAIL: EVENT/ACTIVITY: DATE AND TIME OF INCIDENT: LOCATION OF INCIDENT: |
| 2. Provide full description of all events leading up to and including the incident: |
| (Attach 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:



Reporter's Signature: Date: