



INCIDENT REPORT FORM

Use in the event of
Injury, Incident or Property Damage

Give this form to the Safety Director

INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:

Last Name _____ First Name _____ MI _____
Address: _____
City _____ State _____ Zip _____ Telephone _____
Identification Number _____ DOB _____ Male Female
Team Name _____ Division _____
Does the injured person have other medical insurance? Yes No If yes, please provide name of company and
Policy number _____

INJURED PERSON

Player Official Coach Volunteer Spectator Other

PARENT/GUARDIAN (if injured person is a minor)

Last Name _____ First Name _____ MI _____
Address: _____
City _____ State _____ Zip _____ Telephone _____

INCIDENT INFORMATION

Date of Incident _____ Time of Incident _____ AM PM

BODY PART INJURED

Ankle (R/L) Eye (R/L)
 Knee (R/L) Ear (R/L)
 Nose Back
 Head Neck
 Tooth Internal
 Shoulder (R/L) No injury
 Wrist (R/L) Other
 Finger

Location of incident

Practice Official game
 Tournament Traveling
Field surface Dirt Grass Indoor

Describe how the incident, injury or property damage occurred: (use the backside and attach witness information name, address and telephone in a separate sheet if necessary)

Name completing this form Name _____ Last Name _____

Signature _____ Position _____ Date _____