



# INJURY REPORT

## NATURE

Bodily Injury       Property Damage       Other \_\_\_\_\_

## TIME & PLACE OF INCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Event Name \_\_\_\_\_ Event Type \_\_\_\_\_

Sanctioned By \_\_\_\_\_ Location \_\_\_\_\_

## HAPPENED TO

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Sex       Male       Female      Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FUNCTION AS

Athlete       Spectator       Official       Other \_\_\_\_\_

## APPARENT INJURY OR DAMAGE

Body Part \_\_\_\_\_

Condition (Laceration, Concussion, Sprain, Fracture, etc.) \_\_\_\_\_

On-site care only. By       Physician       EMT       Trainer

Other \_\_\_\_\_

Ambulance, taken to \_\_\_\_\_

City \_\_\_\_\_

## OCCASION - *What was the situation and exact location at the time of the incident?*

## INCIDENT DESCRIPTION - *Describe what happened*

### WITNESS 1

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### WITNESS 2

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_