



Accident / Incident Report

Location of Accident / Incident: _____

Date of Accident: _____

Team: _____

Grade: _____

Injured Person: _____

Address/Phone: _____

Brief Description of Injury/ Incident: _____

Description of Events: _____

Witnessed By: (Name & Phone Number): #1 _____ ()

#2 _____ () **#3** _____ ()

Actions Taken: _____

Team Head Coach

League Commissioner

League President

Safety Director