



Maine Coast Storm Incident Report

Please fill out as soon as possible after an incident and return to the Storm Player Safety/SafeSport Director.

Date of Incident:

Time of Incident:

Address where incident occurred (name of facility, street address, town, state and zip code:

Name of Individual(s) Involved:

Summary of Incident (Who, What, Where, When, How):

Names(s) of others who may have observed the incident:

Did the individual sustain an injury?

Did the injury require medical attention?

Was 911 called?

Was the individual transported to the hospital?

Brief Description of Injury sustained/area of the body injured:

Name/Address/Phone Number of person completing this incident report: