

Injury Report Form

Name of Injured Party: _____

Injured Party's contact info: (address, phone) _____

Date of Injury: _____ Time of Injury: _____

Describe the nature and extent of the injury (specify parts of body):

Describe how the injury occurred:

Describe first aid given:

First aid was provided by (include names and phone numbers):

Disposition: (specific name of hospital, phone number, time of transport, etc):

Persons notified: (relatives of victim, Club President, Board of Directors)

Location of incident:

Conditions prevalent at the time of the incident:

Witnesses (interview witnesses separately and have them complete a separate form)

Witness A contact info (name, address, phone number)

Statement attached? (circle one) YES NO

Witness B contact info (name, address, phone number)

Statement attached? (circle one) YES NO

Witness C contact info (name, address, phone number)

Statement attached? (circle one) YES NO

Witness D contact info (name, address, phone number)

Statement attached? (circle one) YES NO

Notes and comments:

Injury Report completed by:

Name: _____ Title: _____ Date: _____

Signature: _____