Grapevine League

INCIDENT REPORT

Report Date: _____

Official's Name: _____

Official's Address: _____

Official's Phone # home:_____ work:_____

Incident Date/time:_____ Incident place: _____

Host Team: _____ Visiting Team: _____

Visiting Team: _____ Visiting Team: _____

Individual's involved: _____

_____

Incident Description (use back if necessary)

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_____

If incident is an injury

Any pre-existing injury comments: _____

Police and/or ambulance called? Yes No Was first aid provided? Yes No

Official must file the report within 7 days to:

President Clete Counard 10 Elma Avenue Burlington, NJ 08016 609-3867558