

Carteret Youth Lacrosse Incident Report

1. General Information

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____

REPORTER'S POSITION (i.e. Coach, Assistant Coach): _____

HOME ADDRESS: _____

PHONE (H): _____

PHONE (W): _____

PHONE (CELL): _____

EMAIL: _____

EVENT ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

2. Provide full description of all events leading up to and including the incident:

3. Witnesses

Full Name Address Statement Attached (Y/N) _____

4. Who responded to the incident (include all parties - Coaches, Security, Paramedics, Police, etc.):

5. If an Injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____

Address: _____

Phone (H): _____ Sex: Male _____ Female _____

Position: Player _____ Coach _____ Official _____ Spectator _____ Other: _____

6. Describe injury (specify where on body, right or left side):

7. Was First Aid treatment required?

8. If yes, who provided First Aid treatment?

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

10. Other Comments:

Send a copy of this form to the Division Commissioner