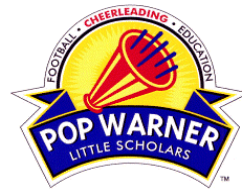


Rockland County – Pop Warner
 Youth Football League
 P.O. Box 204
 Tallman, New York 10982-0204



Incident Report

Date: _____

This form is to be completed within 24 hours and emailed as such to the RCPWYFL President. All original forms and statements are to be mailed to the secretary. When the home teams are reporting scores they should make the RCPWYFL commissioner aware that a Major Incident Form is being sent.

Date of Incident: _____ Site: _____

Time of Incident: _____

Opponent: _____ Team: _____

Individuals name: _____
Cheer/Football /Coach/Spectator Organization Name

Medical Attendee: _____

Incident occurred during: Game Practice Event Other

Incident Scenario: Drill Play Stunt Other

Player moved: Yes No If Yes, by whom: _____

If yes, Why: _____

Witness to incident:

| | |
|-----------|--------------------------|
| Full Name | Organization/Association |
| Full Name | Organization/Association |
| Full Name | Organization/Association |

Weather Conditions: _____

Field Conditions: _____

EMS/Paramedic use: Yes No

Indicate reason why EMS/Paramedic use required or NOT required: _____

