

**WKBSA
Incident Report**

Date of Incident: _____

Time of Incident: _____

Individual involved: _____

Age: _____ (Male / Female)

Address: _____

Phone: _____

eMail: _____

Parent/Guardian: _____

Relationship to League: Player: _____ Coach: _____ Spectator: _____ Other (describe): _____

Park where incident occurred: _____ Specific Location in Park: _____

Description of Incident: _____

Description of damage or injury: _____

Witnesses: Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Was Medical Treatment Required? _____ If so, where: _____

On site actions taken. (attach additional documents): _____

Followup required? Yes / No If so, what & Where _____

Report Completed by: _____ Date: _____ Phone: _____

Report Reviewed by: _____ Date: _____ Phone: _____

(Area Pres. or Insurance Coord.)