



----- **INCIDENT REPORT** -----

This report MUST be completed for ALL injuries sustained during practice or games!

Date of Incident: _____

Time of Incident: _____ **Field Location:** _____

Injured Person: *last name:* _____ *first name:* _____

address: _____ *phone #:* _____

Type of Injury (*laceration, fracture, sprain, trauma*): _____

First Aid Given (Y/N): _____ **By Whom:** _____

Phone # and Address: _____

Witness Name(s) and Contact Numbers: _____

Did the field or goal contribute to the incident (Y/N): _____

Explain: _____

911 Called (Y/N): _____ **By Whom? (name & contact #)** _____

Family Member Called (Y/N): _____ **By Whom:** _____

Report Completed By: _____

Phone Number: _____ **Email address:** _____

The information contained in this report is true and correct to the best of the knowledge of the signer.
Once completed, please return this report to any WASA board member ASAP.