

CLSF INJURY/INCIDENT REPORT

Please **PRINT** clearly, use blue or black ink, & fill out completely.

1	Name of person completing report:		Title:		Date (mm/dd/yy):		
2	Name of victim/complainant:			Phone:		Age	Sex
	Address:			City:		State/Zip:	
3	Date of occurrence: (mm/dd/yy)			Time of Occurrence: (am/pm)			
	Park			Location in Park			
	Part(s) of body injured: (be specific)		Right Side _____ Left Side _____ Bottom _____	Front _____ Back _____ Top _____	Type of Injury/Incident:		
4	First Aid Administered? Yes _____ No _____	By whom:		Title:			
	Description of first aid						
5	Paramedics Called? Yes _____ No _____ (when in doubt, call paramedics)	Called & Refused _____ Offered & Refused _____		Victim Transported? Yes _____ No _____ Transported to:			
	Person notified:						Phone:
Relationship to victim:							Notified: In person _____ Phone call _____
8	League:			Coach:			
9	Name of Witness:			Phone:		Relationship to victim:	
	Address:			City:		State/Zip	
11	Brief summary of injury/incident (provide facts only). Continue summary on back, if needed.						