

## Waterloo Girl's Minor Hockey Association - Incident Report Form

Facility Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Report Prepared By: \_\_\_\_\_ Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_

Name of Individual(s) Involved: \_\_\_\_\_

Coaching Staff Involved: \_\_\_\_\_

Incident Description: Describe briefly and factually what happened. Do not provide assumptions:

\_\_\_\_\_  
\_\_\_\_\_

Indicate if any authorities were involved. Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Which if any, Emergency Services were involved?

Fire Department  Ambulance  Police Official's Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Police Occurrence # \_\_\_\_\_

### **Other Follow-up Action Taken**

Parent/Guardian Contacted:  Yes or  No

Did Injury occur? No \_\_\_\_\_ Yes: \_\_\_\_\_ Body Part(s) injured? \_\_\_\_\_

Names of witnesses \_\_\_\_\_

Did you get medical treatment for this injury? No \_ Yes \_ Date \_\_\_\_\_

Name and address of doctor and/or hospital treating injury \_\_\_\_\_

### **CAUSE OF INCIDENT (circle as needed)**

1. Hazardous conditions    2. Failure to act safely    3. Intentional (e.g., fighting or assault)

4. Horseplay                      5. Accident                      6. Other \_\_\_\_\_

How would you suggest preventing a recurrence of incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Coach's signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be submitted to a Waterloo Girls Minor Hockey Association  
Mailbox within 24 hours of the incident, or fax form to (519) 746-3754**