

**USA FIELD HOCKEY
Incident Report Form**

Date of Report _____ Date of Incident _____ Time _____

Prepared by _____ Position _____

Signature _____

Facility Information:

Facility _____ Phone # _____

Name _____ Age _____ Gender _____

Address _____

Phone (H) _____ Work _____

Family Contact (Name & Phone) _____

Incident Data

Location of Incident _____

Description if Incident _____

Was an injury sustained No ___ Yes ___ Type _____

Witnesses _____

1) Name _____ Phone _____

Address _____ City _____

State _____ Zip _____

2) Name _____ Phone _____

Address _____ City _____

State _____ Zip _____

Care Provided

Did the victim refuse medical attention Yes _____ No _____

Was care provided by facility staff Yes _____ No _____

Name of person who provided care _____

Describe in detail care which was provided _____

Was EMS called No ___ Yes ___ If yes, By Whom _____

Time EMS called: _____ Times EMS Arrived _____

Was the victim taken to an emergency facility No ___ Yes ___ If yes, where _____

If no did the person return to activity No ___ Yes ___

If no, what referral action was taken _____

Victims Signature (Parent Guardian of victim is a minor) _____

Facility Data:

Number of staff on duty at time if incident _____ Playing surface conditions _____

Weather conditions _____

Name(s) of staff involved in incident _____