

# HRLax Lacrosse Incident Report

## 1. General Information

DATE AND TIME OF REPORT: \_\_\_\_\_

REPORTER'S NAME: \_\_\_\_\_

REPORTER'S POSITION (i.e. Coach, Assistant Coach): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_

PHONE (W): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EVENT ACTIVITY: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

2. Provide full description of all events leading up to and including the incident:

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

## 3. Witnesses

Full Name Address Statement Attached (Y/N) \_\_\_\_\_

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

4. Who responded to the incident (include all parties - Coaches, Security, Paramedics, Police, etc.):

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

5. If an Injury is involved, please provide the following:

Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Position: Player \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

6. Describe injury (specify where on body, right or left side):

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

7. Was First Aid treatment required?

\_\_\_\_\_

8. If yes, who provided First Aid treatment?

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

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

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

10. Other Comments:

\_\_\_\_\_

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Send a copy of this form to the Division Commissioner