

Apponequet Junior Football and Cheer Incident Report Form

Date of Incident: _____

Time of Incident: _____

Location of Incident (e.g., field, parking lot, etc.):

Type of Incident:

(Please check one)

Injury

Property Damage

Behavioral Incident

Other (Please specify): _____

Description of Incident: (Provide a detailed description of what occurred. Include any relevant facts,

circumstances, and individuals involved.)

Person(s) Involved:

• Name: _____

Role (e.g., player, coach, spectator, etc.):

Phone Number: _____

Email: _____

• Name: _____

Role (e.g., player, coach, spectator, etc.):

Phone Number: _____

Email: _____

(Include additional people if applicable.)

Witnesses:

• Name(s): _____

Phone Number: _____

Email: _____

(Include additional witnesses if applicable.)

Injury Details (if applicable):

Yes, an injury occurred.

No, no injury occurred.

If yes, please describe the injury and any first aid administered:

Action Taken:

What steps were taken immediately after the incident? Did emergency services or medical professionals

need to be contacted?

Report Filed By:

Name:

Role (e.g., coach, parent, etc.):

Phone Number:

Email:

Signature:

Date:

*Please attach any relevant documentation