

<INSERT EVENT NAME>

Practice, Game, Fundraising, Etc

Incident Report

Particulars of incident:

Date:

Time:

Location:

Type of incident (please circle below):

Safety

Physical /Verbal Altercation

Environmental

Event

Other:

Reported by:

Phone:

Role in the event:

Email:

The injured person:

Name:

Address:

Age:

Phone:

Witness(s):

Name:

Phone:

Name:

Phone:

Name:

Phone:

Describe the incident: (space overleaf for diagram if needed) Fill out incident report.

Describe any Safety concern, illness or injury: The safety issue, what part of the body is affected and how?

Describe any Physical/Verbal Altercation: What was said during the altercation and how?

Analysis: What do you think caused or contributed to the incident?

Prevention: What action has been taken to prevent a reoccurrence?

Have all preventative actions been reviewed by the Committee, and implemented?

Yes

No

< Committee Member > Signature:

Date completed:

Treatment:

Hospital Medical Treatment Facility:

Doctor:

Type of treatment provided:

Notification and investigation PLAYER SAFE PHONE: (253) 225-2896 (24 hours)

Player safety commissioner advised by:

Date:

Investigation conducted by:

Date:

Risk Register (injury) updated by:

Date:

In the event of a notifiable event, you must complete an incident investigation and submit it to Player Safety Member.

Sign/Date: _____ / _____

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PENALTY FOR FALSE OR FRAUDULENT STATEMENT: S.D.J.A.A.F TITLE 1, SECTION 1000, provides. "Whoever, in any matter within the jurisdiction of any JAAF league knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be permanently barred from participating in any organization, event or function in a SDJAAF jurisdiction or suspended not more than one (1) year, or required to conduct a public apology to the league and participants affected by the incident or a combination there of".

I, _____ **THE REPORTER(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand the statement above concerning the penalty of making a fraudulent statement. I certify that I am the owner of the statement described in this form and agree to not perjure myself to identify with another emotional state. If SDG or SCJAAF determines the incident cannot be resolved effectively or rehabilitated, I acknowledge that with respect to the parties involved I shall have no further interest, right, claims or recourse to the event. If this statement is approved and rehabilitation can be achieved, I will identify a reasonable resolution to the issue and notify the active members of the board. I grant access to my written property and will provide all information deemed pertinent or other to the investigating member. I understand that temporary relocation may be required when parties are involved due to safety. I reserve the right to waive relocation, if everyone who resides in location is pertinent to the successful operation of the organization. I agree that I will comply with all requirements outlined in the document. I agree I will not discriminate upon the basis of race, color, creed, or national origin in the information provided herein assisted with SCJAAF San Diego Generals. I authorize the Board and the investigating member to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to threats made.**

Sign/Date: _____ / _____