

**Catholic Youth Organization – Athletics  
Archdiocese of Seattle**

**Incident Report Form**

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

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

Street City State Zip

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Described what happened: \_\_\_\_\_

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

Any apparent injury (Y/N) If yes, describe: \_\_\_\_\_

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

Actions taken (Include suggestions by injured party on how accident could have been avoided)

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

Persons Notified: \_\_\_\_\_

When? \_\_\_\_\_

Date and Time of Report: \_\_\_\_\_

Signature: \_\_\_\_\_

Please circle one:

Athletic Coordinator Coach Parent Other: \_\_\_\_\_