



## USA HOCKEY INCIDENT REPORT

Name of Injured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Local Program/Club Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact & Phone # \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Game, Practice, Other: \_\_\_\_\_ Age Category: \_\_\_\_\_

Team: \_\_\_\_\_ Coach and Phone #: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injuries or Property Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Information: (Injury, Ambulance, Hospital and Doctor, On site Trainer or EMT)

\_\_\_\_\_

\_\_\_\_\_

Report Filed By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of report: \_\_\_\_\_

Send or fax report to Your District Risk Manager or Associate Risk Manager, ASAP.