

LAST NAME: _____
DATE: _____
TYPE OF INCIDENT: _____

**AURORA KING BASEBALL ASSOCIATION
INCIDENT REPORT FORM**

This form is to be completed by the main staff/volunteer who dealt with the situation whenever there is an incident which could include accidents with or without injury as well as facility or behaviour related incidents. When completing this form be only include an actual factual description of the incident without assumptions or conclusions as to cause or responsibilities. Attach extra sheets if needed. Forms should be completed within 24 hours and submitted to the VP Operations. Remember they are considered confidential and will be kept secure.

Person Involved

Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

If second person involved in same incident (i.e. conflict)

Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

Day and Date of incident: _____ Time: _____ am/pm

Type of incident: _____ Program occurring at time of incident: _____

Where did incident occur? _____

Please describe the incident. State only the facts that you are sure of at the time. Include a description of the weather, visibility, and any other external factors. Attach drawings, diagrams and photographs if these will aid in the description.

What was done to assist or respond to incident and by whom?

If medically related, was person advised to seek medical assessment: _____

Was 911 called? YES NO
Police - Badge Number: _____ Name: _____
Ambulance - Badge Number: _____ Name: _____
Fire Unit Number: _____ Name: _____

Other Information from EMS Agencies:

List witnesses
(If not members or participants please include address, use separate paper if needed for additional).

Name: _____

Phone: _____ E-Mail: _____

Name: _____

Phone: _____ E-Mail: _____

Person Completing Report: (print) _____

Signature: _____ Date: _____

Please ensure reports are completed within 24 hours of incident and get forwarded to the VP Operations

**AURORA KING BASEBALL ASSOCIATION
INCIDENT REPORT FOLLOW UP FORM**

*This form is to be completed by the main staff/volunteer who followed up with the individual.
Attach extra sheets if needed.
This should be kept with the original incident report form in a secure location.*

Person Involved

Name: _____ Program: _____

Parent Name if minor: _____

Phone: _____ E-Mail: _____

Date of Original Incident: _____

Date of Follow up: _____

Type of Connection (phone, email, in person): _____

Name of Person involved in follow up: _____

Describe how the person is following the incident or any information from the individual about the incident:

Is any further follow up with the individual needed? If yes describe what:

Person Completing Report: (print) _____

Signature: _____ Date: _____