



**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, 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 (operations@akba.ca). Remember they are considered confidential and will be kept secure.*

**Person Involved**

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

Age: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

Age: \_\_\_\_\_

Parent name (if minor): \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Day and Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Type of incident: \_\_\_\_\_

Program occurring at time of incident: \_\_\_\_\_

Location of incident? \_\_\_\_\_

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.

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**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:

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

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Person Completing Report: (print) \_\_\_\_\_

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