

AURORA KING BASEBALL ASSOCIATAION 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 the weather, visibility, and any other external factors. Attach draw these will aid in the description.	•

What was done to assist or respond to the incident and by whom?	
If medically related, was person advised to seek medical assessment:	
Was 911 called? YES NO	
Police - 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:	
Derson Completing Reports (print)	
Person Completing Report: (print)	-
Signature: Date: Please ensure reports are completed within 24 hours of incident and get forward	

AURORA KING BASEBALL ASSOCATION 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:
	Trogram.
	E-Mail:
Date of Original Incident:	
Date of Follow up:	
Type of Connection (phone, email, in per	rson):
Name of Person involved in follow up: _	
Describe how the person is following the incident:	e incident or any information from the individual about the
Is any further follow up with the individu	ual needed? If yes describe what:
Person Completing Report: (print)	
Signature:	Date: