

**GRANBY YOUTH LACROSSE  
INCIDENT REPORT**

This report is to be completed by: Coach or official for incidents occurring during regular, pre-season or post-season team activities.

1. General Information

DATE AND TIME OF REPORT: \_\_\_\_\_

REPORTER'S NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EVENT/ACTIVITY: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

2. Provide full description of all events leading up to and including the incident:

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3. Witnesses:

Full name \_\_\_\_\_

Address \_\_\_\_\_

Statement Attached (Y/N) \_\_\_\_\_

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4. Who responded to the incident (include all parties - Coaches, Athletic Trainers, Campus Security, Paramedics, Police, etc.): \_\_\_\_\_

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5. If an injury is involved, please provide the following:

Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Position: \_\_\_\_\_ Player \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other

6. Describe Injury (specify where on body, right or left side): \_\_\_\_\_

\_\_\_\_\_

7. Was First Aid Treatment Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If yes, who provided First Aid Treatment? \_\_\_\_\_

\_\_\_\_\_

9. Please provide a detailed description of surroundings, facility condition, weather condition, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge:

Reporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Report should be completed promptly and directed to Granby Youth Lacrosse  
Boys or Girls Division Director and League President**