

LOUDOUN NFL FLAG Incident Report Form

Incident Report Form to be filled out by a recognized league coach and returned to the Commissioner of LOUDOUN NFL FLAG (email it to: loudounNFLflag@gmail.com) WITHIN 30 DAYS FROM THE DATE OF THE INCIDENT.

Date of Incident: _____ Time: _____ Location: _____

Injured Person: _____ Date of Birth: _____

Team Name/Coach: _____

Description/Cause of Injury:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Parents/Guardian information if different from injured party

Parent/Guardian: _____

Address: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Where was injured party taken to for medical treatment: _____

Witnesses to Injury:

Name: _____

Address: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Name of Person Taking Report: _____

At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current member of the Organization? _____

Under whose supervision? _____ Was he/she a witness? _____

Signature _____ Date _____