

CSSC INCIDENT REPORT FORM

Note: Use this form to report any injury, property damage or any incident which has the potential to cause injury or damage.

If there is serious injury, call 911 immediately.

Location (be very specific)	
Date of Incident	Time of Incident
Outside Temperature	General Weather Conditions

PERSONAL INJURY (check as appropriate) ___ Player ___ Parent ___ Other <i>specify</i>			
Name			
Street Address			
City	State	Zip	
Phone Number	Date of Birth	___ Male	___ Female
Name of Parent Contacted <i>if under 18</i>		Time Parent Contacted	
Nature of Injury			

INCIDENT (check as appropriate) ___ Injury ___ Property Damage ___ Other			
Nature of Incident			

Describe in detail how the injury/incident occurred (attach any supporting detail)

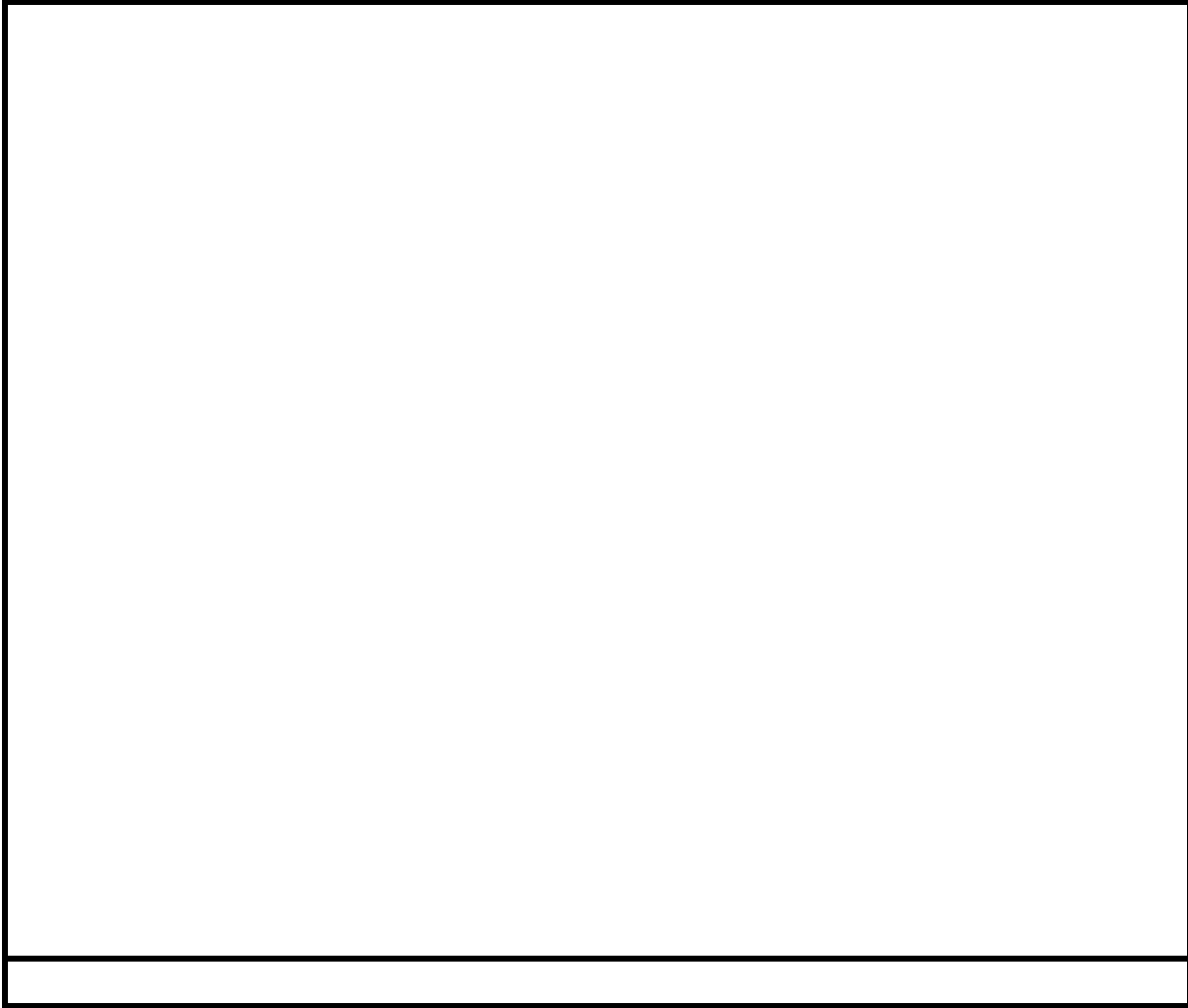
Medical Assistance Provided (indicate if refused)	
Name of Fire Personnel Responding:	Fire Incident Number:
Hospital Transported to:	
Name of Sheriff Personnel Responding:	Police Incident Number:

Witnesses (Include Name, Address and Phone Number(s))

Please see reverse side for additional information required to complete this report.

Report completed by _____ **Date** _____

Please draw a map below of where incident occurred. Indicate Witness with W and injured party with an X.
Draw in stairs, path and/or streets.



Additional comments if necessary _____

This incident report form must be filled out and mailed within 48 hours of incident.

Mail to:
CSSC
Attn: Club Secretary
7111 Dixie Hwy., #360
Clarkston, MI 48346