

**Catholic Youth Organization – Athletics
Archdiocese of Seattle**

Incident Report

Name _____

Address _____

Street address

City

State

Witness _____

Address _____

Street address

City

State

Witness _____

Address _____

Street address

City

State

Date of Incident _____ **Time** _____ **Location** _____

Describe what happened

Any apparent injury? _____

Please describe:

Actions taken:

Persons notified: _____

When? _____

Date and time of report: _____

Signature _____ **Please circle:** Athletic coordinator

Coach

Parent

Other