

STEEL CITY HOCKEY INCIDENT REPORT

Injured Participant

Player Official

Coach Spectator

Date of Incident:

Name:

Male Female

Team Name:

Body Part Injured:

Describe How Incident Happened:

Wearing when Injured: Full Face Mask: Half Face Shield/Visor: No Face Shield:

On Site Care (First Aid) Yes No

Sent to the Hospital Yes No

by Ambulance by Car

Witnesses:

Statement: Yes No

Completed By: