New Jersey Colonials Youth Hockey Association
PO Box 314
Florham Park, NJ 07932

INCIDENT REPORT

(PLEASE PRINT and CHECK OFF APPROPRIATE AREAS)

NATURE ☐ BODILY INJURY ☐ PROPERTY DAMAGE ☐ OTHER

TIME & PLACE of INCIDENT
DATE TIME: (AM) / (PM)
EVENT NAME:
EVENT TYPE: (PRACTICE) / (GAME) / (OTHER)
SANCTIONED BY:
LOCATION:

HAPPENED TO
NAME: SSN:
DATE OF BIRTH: SEX: PHONE:
ADDRESS: CITY:
STATE: ZIP:

RELATIONSHIP TO EVENT
AS: ☑ ATHLETE ☐ PARTICIPANT ☐ VOLUNTEER ☐ SPECTATOR
☐ BYSTANDER ☐ OFFICIAL ☐ OTHER:

APPARENT INJURY OR DAMAGE
BODY PART:
DIAGNOSIS: (Laceration, Concussion, Sprain, Fracture, etc):
☐ ON-SITE CARE ONLY, BY (TRAINER) / (EMT) / (PHYSICIAN) / OTHER:
☐ AMBULANCE, TAKEN TO: CITY:

OCCASION
WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT:

INCIDENT DESCRIPTION
DESCRIBE WHAT HAPPENED (include a detailed description of surroundings, facility condition, weather conditions, etc.:

WITNESSESS (If known)
NAME: NAME:
ADDRESS: ADDRESS:
PHONE: PHONE:

INSURED
NAME of INSURED: POLICY:
ADDRESS: CITY:
STATE: ZIP: PHONE:

INSURED REPRESENTATIVE
☐ COACH ☐ OFFICIAL ☐ TRAINER ☐ TEAM REP ☐ OTHER:
NAME: PHONE:
TITLE:
SIGNATURE: DATE: