



## WRESTLING FIRST REPORT OF ACCIDENT

(This form is to be completed by a coach or manager of the hosting site. A separate report is to be completed for each injured party. The completed form will be forwarded to [DRWLBoard@gmail.com](mailto:DRWLBoard@gmail.com))

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_ AM / PM WHICH COMPLEX: \_\_\_\_\_

TYPE OF SPORT: \_\_\_\_\_ HOST TEAM: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

HOW THE INCIDENT OCCURRED: \_\_\_\_\_

BODY PART INJURED: \_\_\_\_\_

INJURED PERSON (CHOOSE): ATHLETE OFFICIAL COACH SPECTATOR EMPLOYEE VOLUNTEER OTHER \_\_\_\_\_

WHERE AT THE COMPLEX DID THE INJURY OCCUR: \_\_\_\_\_

CLASSIFICATION OF INJURY: NON-INJURY MINOR INJURY/ILLNESS SERIOUS INJURY/ILLNESS

DISPOSITION: ( ) RELEASED TO PARENT ( ) REFUSAL OF CARE ( ) REFER TO DOCTOR

( ) REFER TO HOSPITAL OR CLINIC ( ) MEDICAL ATTENTION ( ) EMS TRANSPORT

( ) PATIENT REQUESTED EMS ( ) RELEASED TO PERSONAL VEHICLE

If transported to medical facility, please provide name and location: \_\_\_\_\_

Optional Comments:

### **INJURED PERSON INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tel.# \_\_\_\_\_ Male / Female

### **GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Tel.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **INSURANCE INFORMATION:** ( IF INJURED HAS INSURANCE, PLEASE PROVIDE NAME BELOW)

Insurance Company Name: \_\_\_\_\_

WITNESSES:

NAME \_\_\_\_\_ TEL.# \_\_\_\_\_

NAME \_\_\_\_\_ TEL.# \_\_\_\_\_

Signature of Coach or Manager: \_\_\_\_\_ Date \_\_\_\_\_