Town of Avon, Indiana Sports (Home of Avon Youth Sports)
Incident Reporting Form

IDENTIFICATION INFORMATION	
Name :	
Date of Hire:	
Address :	
Date of Birth :	
Telephone :	
Name of Physician :	
Name of Hospital, if hospitalized :	

INCIDENT REPORTING INFORMATION	
Date of Incident:	
Location:	
Time:	
Type of Incident:	
Equipment Involved:	
Event or Task:	
If Injured, what injury:	
Part of Body Affected:	

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MACHINERY/EQUIPMENT INVOLVED (IF APPLICABLE)	
Manufacturer :	
Equipment Age :	
Serial Number :	
Model :	
Any Modification to Equipment :	
Machine Guarding in Place :	

REPORTING MEMBER STATEMENT	
Description of Accident/Incident: **Include Factors that Led to Incident:** **Include Any Equipment Involved:**	

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WITNESS STATEMENT, IF APPLICABLE	
Witness Description of Accident/Incident: **Include Factors that Led to Incident:** **Include Any Equipment Involved:**	

TOWN OF AVON, INDIANA SPORTS EMPLOYER REVIEW AND STATEMENT	
AIS Description of Accident/Incident: **Include Factors that Led to Incident:** **Include Any Equipment Involved:**	

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For any additional documentation, photos, or statements, please attach separately to this form or utilize the space below.

Reporting Member Signature and Date:_____

Witness Signature and Date: _____

Employer Signature and Date: _____