



AAU INCIDENT REPORTING FORM

Please take a couple minutes to fill out this form, (copy as needed) as it may impact insurance claims. This report of incident is **not** a claim form. To file a claim go to www.aausports.org click on insurance information, look for the Insurance Claim Forms. This form may also be used for incidents occurring at practices.

Provide as much information as possible about the incident and include any statements, pictures or official reports.

Event Information

Date(s) of Game: _____

Team Names: (Home)_____ (Visitor)_____ Rink Location:_____

Home H C. Contact Name:_____ Visiting H C Name:_____

Referee Name:_____ Referee Name:_____

Incident Information

Name of Person(s) & Number charged with Penalty:

Age or Approximate Age:_____ Gender: Female Male

Team Name:_____ Home:_____ Visitor:_____

Position(s) this individual holds Coach Player Official Spectator Other

Did Incident Occur at an AAU Licensed Event or Practice?* Yes No Not Sure

If Yes, Enter Event Name & License/Sanction # if known:

Did infraction cause injury * Yes No Not Sure

Did injury cause player to leave game? Yes No Not Sure

* Did incident require transportation to ER? Yes No Not Sure

Was incident a confrontation? * Yes No Not Sure

Was Injured Player Bleeding? Yes No Not Sure

Were authorities called? * Yes No Not Sure

Description of Incident (include as much detail as possible) and Rule # and section if MATCH is accessed.