



INCIDENT REPORT

This form must be completed and submitted to the National Sport Director, nsd@usapetanque.org, within 24 hours of the incident.

Date & Time of Incident:	Location:
Person(s) Involved: Club Affiliation(s): Phone(s): Email(s):	Type of Event (e.g., practice, tournament type):

Incident Description: Provide a clear and concise description of the incident, including the sequence of events, conditions, and any contributing factors. Mention any equipment, surfaces, or weather conditions if relevant. Include details about any tournament rules or regulations that were violated, if applicable.

Describe in detail the actions taken.

Witness information: Statement Summary

Witness Name, Phone, Email:

Was medical assistance required? Yes No

- If yes, was emergency medical personnel called? Yes No
 - Hospital Name (if applicable):
 - Hospital Address:
 - Hospital Phone Number:
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Follow up Actions and Recommendations

Form completed by:

Name & Title:

Club Affiliation:

Email:

Phone:

Date:
