

RinkGuard Incident Report Form (Off Ice)

LOCATION & TIME	Name of Rink <u>Ann Arbor Ice Cube</u> Rink Address <u>2121 Oak Valley Dr.</u> City <u>Ann Arbor</u> State <u>MI</u> Zip <u>48103</u>	Date of Report _____ Date of Incident _____ Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
INJURED PERSON	NAME _____ <input type="checkbox"/> MALE DOB _____ ADDRESS _____ <input type="checkbox"/> FEMALE AGE _____ CITY _____ STATE _____ ZIP _____ HT _____ TELEPHONE _____ OCCUPATION _____ WT _____ If minor, were parents present? <input type="checkbox"/> Yes <input type="checkbox"/> No If not present, were minor's parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCIDENT DETAILS	Exact location _____ Injured was coming from _____ Injured was going to _____ Describe surface conditions _____ Type of lighting present at scene _____ Did injured use handrails? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Type of footwear worn _____ Type/Condition of soles _____ Was injured carrying anything in their hands? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____ Were there any signs of drug/alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____	
INJURED'S DESCRIPTION OF INCIDENT (in their own words)	_____ _____ THE ABOVE STATEMENT IS TRUE & CORRECT Injured's signature _____ Parent / Guardian signature _____	
WEATHER CONDITIONS (if applicable)	Weather Conditions _____ Temperature _____	
PROBABLE INJURY	Description of Injury _____ Type of Aid Given _____ Provided By _____ Was injured person taken to a hospital? If Yes, what hospital? _____	
WITNESSES	NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	
Signature of Individual Completing Report _____ Print Name _____		