



**Legend: Live Action Roleplaying & Wargaming Inc.
Safety Team Incident Report**

Incident Type: Injury Illness Safety & Security

Section 1: Person Involved *(complete a separate report for each person involved)*

- **Full Name:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Section 2: Incident Details

- **Date of Incident:** _____
- **Time (AM/PM):** _____
- **Location:** _____
- **Event Type:** Standard Practice Special

Incident Description:

Illness/Injury Section (if applicable):

Illness Injury

Description:

Safety & Security Section (if applicable):

Safety Issue Security Issue

Description:

Witnesses:

1. _____
2. _____
3. _____

Police Notified: Yes No

EMS Notified: Yes No

Police Report Filed: Yes No

Medical Treatment Provided?

Yes No Refused

If yes, by whom: Safety Team Member(s) Other (specify) _____

Administration Board Informed: Yes No

If Patient was a Minor, Parent Informed? Yes No

Name of Parent Notified: _____

Section 3: Report Details

- **Report Taken By:** _____
- **Follow-Up Action (if any):**

Signature of Safety Team Member: _____

Date of Report: _____
