POTOMAC INCIDENT REPORT (Page 1)

Please complete this form when an incident occurs if ANY of the following conditions are met: 911 is called, someone required medical attention other than basic first aid, something out of the ordinary happened, or an action was taken involving a person and you want the board to know about it.

NOTE: This is NOT a claim form. This information may be used to complete a claim form if one is required.

Details of incident:	
Incident occurred during:	
League or Program: Which one	
Training Session (e.g., open house, learn-to-curl class)BonspielPlaydown or Championship EventOther: Please explain	
Date of Incident Time of Incident	······································
Facility name and address List any facility other than Potomac Curling Club - 13810 Old Gunpowder Rd. Lauren, MD 20707	7
Describe how the incident occurred, and if there was an injury wh	nat body areas are affected
Was first aid administered, and if so, by whom?	
If the person was injured, was 911 called? No Yes	
List any witnesses, including contact information:	
Contact information of subject/injured: (if available)	
Name	Age
Address	
	none
Curling club affiliation, if any	

POTOMAC INCIDENT REPORT (Page 2)

Person completing this form contact information:

Name		Date	
Relationship	Email	Phone	
Please list any other releva	ant information:		

DIRECTIONS FOR PERSON COMPLETING THIS FORM:

- 1) Place this form in the white box to the right of the pro shop
- 2) Email board@curldc.org to inform the board that an incident report has been filed.
- 3) A board member will acknowledge receipt of this incident report and will contact you if further information is needed.