Incident Report Form

CrossFit Risk Retention Group & Nexo Insurance Services, Inc.
License No. OE14627 • Phone: (310) 937-2007
Submit completed report to staff@crossfitrrg.com or fax to (310) 937-1127.

Basic Information

Company name	
DBA/Affiliate name	
Person completing/submitting this form:	
Name	
Position/Title	
Phone number(s)	
Email address(es)	

Incident Information

Date of incident	
Time of incident	**☐AM ☐PM**
Mark all that apply.	**☐Before class ☐During class ☐After class ☐During open gym**
Location of incident	
Mark all that apply.	**☐Inside class space ☐Outside/Parking lot ☐Restroom ☐Common Area**
Body part(s) injured	**☐Ankle ☐Knee ☐Leg ☐Foot ☐Toe ☐Arm ☐Hand ☐Shoulder ☐Wrist ☐Finger ☐Eye ☐Ear ☐Nose ☐Head ☐ Tooth ☐Back ☐Neck ☐Internal ☐Other ☐No injury**

Type of injury	**☐Abrasion ☐Burn ☐Cardiac ☐ Cold injury ☐Concussion ☐Contusion ☐Dislocation ☐Foreign body ☐Fracture ☐Heat exhaustion ☐Laceration ☐Nausea ☐Pain ☐Seizure ☐ Sting/Bite ☐Strain ☐Sprain**
Cause of injury	**☐Collision ☐Struck by object ☐Animal/Insect bite/sting ☐Slip/Fall ☐Assault/Sexual assault ☐Property damage**
Outcome	**☐No care given:** ☐Not needed ☐Patient refused **☐Released:** ☐To spouse/friend ☐To self **☐Referred:** ☐To doctor ☐To hospital/clinic **☐EMS Transported:** ☐Patient/Spouse requested
Police report filed	**☐Yes ☐No**
Police report number	
Officer's name	
Officer's contact information	
Describe how the incident, injury or property damage occurred in full detail.	

Affected Party

Name	
Address	
Phone number(s)	
Email address(es)	
Birth date	
Relationship to affiliate	**☐ Owner ☐Staff ☐Member ☐Drop-in ☐Spectator ☐Non-athletic participant visitor**
Does the injured party have health insurance?	**☐Yes ☐No**
Name of health insurance provider	
Policy number	

Employer name	
Employer address	

Witness Information

If possible, gather and attach witnesses' written statements.

Name	Address	Phone number

Please note any other comments relevant to the circumstances of the incident below.

Signature _____

Date _____