



**UNITED STATES AMATEUR BOXING, INC.**

1 Olympic Plaza, Colorado Springs, CO 80909

Telephone: (719) 866-4506 Fax: (719) 632-3426

**INCIDENT REPORT**

*An Incident Report must be filled out for any incident involving accident, injury, or slander that occurs during sanctioned competition or organized practice and a copy must be forwarded to USA Boxing.*

Local Boxing Committee: \_\_\_\_\_

Club Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Sanction # \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Contact information: Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date Injury Occurred: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_