

LAUSD ATHLETIC EVENT



INCIDENT REPORT

Reporting School: _____ Sport: _____

Visitor: _____ Home: _____

Where Played: _____ Date: _____

Name of Supervisor and Employee # that was assigned to game: _____

(Complete only if incident involved spectators)

Crowd Control: # of spectators anticipated _____

of spectators present _____

of school police on duty _____

of other law enforcement officers on duty _____

of certificated staff on duty _____

of other supervisors on duty _____

(Provide written statements from witnesses)

Explanation of Incident: _____

Administrator's statement of actions taken with individuals and/or teams (attach additional pages if needed):

During the incident: _____

After the incident: _____

Follow-up Actions: (Include names of coaches and students and jersey numbers of students, if applicable)

Corrective: _____

Preventive: _____

Submitted by: (Name and Title)

Date: _____

Principal's Signature: _____

School: _____

**SUBMIT TO ATHLETICS OFFICE
WITHIN 24 HOURS
AFTER INCIDENT**

Copy sent to: _____ Opposing School AD
_____ ESC Operations
_____ Athletics Office

School sends to the following:

ISTAR Report Number (Please write the number) _____

_____ Administrator in charge of Athletics (opposing school)

Fax: 213-241-5846

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