



This report should be included with the MIC Report to the hosting group's Branch Marshal.
Use any additional pages required to give full information.

In case of serious injury (requiring hospital or doctor care), contact your Regional Marshal and the Kingdom Earl Marshal within 48 hours of the incident. Then follow up with a copy of this report.

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|---|--|--------------------------------------|---------------------------|
| DATE | <input type="checkbox"/> HEAVY COMBAT <input type="checkbox"/> MISSILE COMBAT <input type="checkbox"/> RAPIER COMBAT <input type="checkbox"/> TARGET | | |
| NAME OF TOURNAMENT | | NAME OF BRANCH SPONSORING TOURNAMENT | |
| NAME OF PERSON MAKING REPORT | | EMAIL ADDRESS | PHONE (INCLUDE AREA CODE) |
| PEOPLE INVOLVED | | | |
| DESCRIPTION OF SITUATION | | | |
| DESCRIPTION OF EQUIPMENT (ARMOR, WEAPONS, ETC.) | | | |
| WHAT TRAINING HAD THE PERSON(S) INVOLVED RECEIVED? | | | |
| WHAT WERE THE CONDITIONS OF TH SITE (WEATHER, FOOTING, ETC.)? | | | |
| WHAT CAN BE DONE TO PREVENT A REOCCURENCE? | | | |
| ANY RECOMMENDATIONS FOR DISCIPLINARY ACTIONS | | | |
| ANY OTHER WITNESSES (PROVIDE CONTACT INFORMATION) | | | |