

Middle Kingdom Incident Report Form

Armored
 Rapier
 Archery
 Equestrian
 Thrown Weapons
 Youth

Event/Activity		Date	
Group/Sponsor			
Location (City/State/Prov)			

Injured Party Information

Mundane Name		Membership Number	
SCA Name			
Type of Injury			

Eye Witness Statements

Witness	Statement

Was the injury caused by equipment failure?
 No Yes, please describe:

Did the injured party require medical treatment?
 No Yes, please describe:

Treatment Given:	
Provider:	

You must report to your Regional Marshal and to the Kingdom Deputy for your martial activity within 48 hours.

Reporting Marshal: Please complete all information below.

Marshal		Modern Name	
Street Address			
Telephone		Email	
Signature			