

**NOTRE DAME ATHLETICS TEAM TRAVEL POLICY
INCIDENT REPORTING FORM (FORM K)**

Section I: Incident Information

Date of Incident _____ Time of Incident _____

Describe the Incident in Detail:

Location of Incident _____

Law Enforcement Involved (if any) _____

Section II: Witness Information

(attach additional pages if needed)

Name _____ Email _____

Phone Number _____ Affiliation with Notre Dame _____

Section III: Driver Information

(if personal, rental, or University motor vehicle involved)

Name _____ Email _____

Phone Number _____ Affiliation with Notre Dame _____

Section IV: Travel Provider Information

(if bus, air, or other third party provider)

Company Name _____ Contact Name _____

Company Phone _____ Company Email _____

Company Address _____

Driver/Pilot Name _____

**NOTRE DAME ATHLETICS TEAM TRAVEL POLICY
INCIDENT REPORTING FORM (FORM K)**

Identifying Bus or Aircraft Information _____

Booked Through _____

Section V:

Name of Person Completing Form _____

Email _____ Phone _____

Date Submitted _____

Submit Completed Forms To:

- If intercollegiate or cheerleader travel, to Athletics Business Office and Sport Administrator
- If club sports travel, to RecSports