

East Kingdom Marshal of Fence Injury Report

Date of injury.	
Name of event/practice.	
Town and state of event.	
Marshal in Charge. <i>(SCA name and real name)</i>	
Marshal involved <i>(SCA name and real name)</i>	
Injured person. <i>(SCA name and real name)</i>	
Combatant(s) name(s). <i>(SCA name and real name)</i>	
Witnesses. <i>(SCA name and real name)</i>	
Describe circumstances in as much detail as possible. <i>(Use reverse side if necessary).</i>	
Was medical attention sought? What was the result?	
Was any marshallate action taken at the time?	
Other information	

Report should be filled out completely by all parties. Separate reports should be filled out for each combatant. Reports should be submitted to the Regional Deputy and the Kingdom Marshal of Fence.