

# Marshal's Incident Report

## Where

## Marshal Reporting

Town: \_\_\_\_\_

SCA Name: \_\_\_\_\_

State: \_\_\_\_\_

Mundane Name: \_\_\_\_\_

Group: \_\_\_\_\_

Phone: \_\_\_\_\_

At What? (Circle One)    Event            War            Demo            Fighter Practice

Name of Event and/or Date of Incident: \_\_\_\_\_

Marshal in Charge: \_\_\_\_\_

Witnessing and/or assisting marshals: \_\_\_\_\_

\_\_\_\_\_

Those persons involved in the incident: (begin with most relevant, full SCA names, mundane names, and addresses):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give a summary of the actions that caused the incident:

List the actions taken by the marshallate:

List any comments made by either party relevant to the incident:

Recommendation of any further action or recourse the marshallate may opt to take:

\_\_\_\_\_  
Signature of Reporting Marshal and Date

**Send to copies to the Earl Marshal!**