

DIABLO VALLEY YOUTH FOOTBALL CONFERENCE

ACCIDENT / INCIDENT REPORT



This report is to be filled out and turned into the City President after any accident or incident. This form must be filled out on any injury to participants/players or spectators, or any unusual incidents. **Complete all applicable sections.**

Date of Accident/Incident ____/____/____

Time: _____ AM / PM

Teams Participating

(Home) _____ (Visitor) _____

(Please circle which team is filling out this report above)

Facility involved and exact location _____

Describe in detail the circumstances that led up to the accident/incident (use names of those involved) _____

Describe in detail the nature of the accident/incident itself (describe parts of the body affected). _____

Who was injured:

NAME _____

ADDRESS: _____

AGE: _____ PHONE: _____

What was done with the injured person after the accident: _____

By whose orders? _____

Were parents notified _____

Was 911 called () or Police () Fire Department ()

Was the injured person transported to the hospital () Yes () No

If No by whose orders(i.e.parents, coach, emergency personnel etc.)_____

If a player was injured, was their equipment (i.e. helmet, shoulder pads) secured?
() Yes () No If yes by whom?_____

Was a report taken () Yes () No Report # _____

Names of any Emergency Personnel:_____

What did the Emergency Personnel do to help?_____

Any witnesses

Name:_____

Address:_____

Phone #:_____

Name:_____

Address:_____

Phone #:_____

General Remarks:_____

Signed_____ Date_____/_____/_____
(Person in charge at accident /incident site)

Medical Person_____ Date_____/_____/_____
(assigned by home city if different from above)

City President_____ Date_____/_____/_____
(assigned by home city if different from above)

Fax immediately to:

Bobby McKnight

President, Diablo Valley Conference (925) 673-1609

Lynn Peyton (925) 831-9193

Attach any additional information available.