



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
(Please check team filling out report)

Home:

Visitor:

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:

CITY:

AGE:

PHONE:

What was done with the injured person after the accident:

