



### 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:

By whose orders?:

Were parents notified: YES NO

Was: 911 called 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:

**Person in charge at accident /incident site:**

Name: Telephone #:

**Medical Person**

*(assigned by home city if different from above)*

Name: Telephone #:

City President: Telephone #:

***Fax immediately to:***

**Bob Iwata**

**Vice President, Diablo Valley Conference (925) 609-9690**

**Lynn Peyton (925) 831-9193**

Attach any additional information available