



# PETERBOROUGH CITY SOCCER ASSOCIATION

## ACCIDENT/INCIDENT REPORT FORM

July 2015

1. Site where accident took place: \_\_\_\_\_
2. Date and time of accident/ incident: \_\_\_\_\_
3. Name of person in charge of session/ competition: \_\_\_\_\_
4. Name of injured person: \_\_\_\_\_
5. Address of injured person: \_\_\_\_\_
6. Nature of accident/ incident: \_\_\_\_\_
7. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training program, getting changed etc.  
\_\_\_\_\_  
\_\_\_\_\_

8. Give details of the action taken including any first aid treatment and the name (s) of the first-aider (s).  
\_\_\_\_\_  
\_\_\_\_\_

9. Indicate which of the following contacted:

Police

Ambulance

Parent/ Guardian

10. What happened to the injured person following the accident? (E.g. went home, went to hospital, carried on with session)  
\_\_\_\_\_  
\_\_\_\_\_

All of the above facts are a true and accurate record of the incident/ accident.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_