



## *PETERBOROUGH CITY SOCCER ASSOCIATION*

### ACCIDENT/INCIDENT REPORT FORM

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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.

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

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9. Indicate which of the following were contacted:

Police

Ambulance/ Fire

Parent/ Guardian

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

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

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

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