



Accident / Incident Report

Incident Type: Injury / Illness Threats Fights Property Damage Calls to Law Enforcement Other

Affected Party: Player Official Coach Spectator Volunteer Other

Personal Information

| | | | | | |
|-----------|--|------------|--|----|---------|
| Last Name | | First Name | | MI | DOB: |
| | | | | | Phone # |

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

| | |
|---|--|
| Does the Injured person have medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please provide name of company and policy #: |
|---|--|

Guardian / Parent (if affected party is a minor)

| | | | | |
|-----------|------------|----|-----------|--------|
| Last Name | First Name | MI | Contact # | Email: |
|-----------|------------|----|-----------|--------|

Incident Information

| | | | | | | |
|-------------------|--|--------|--|---|--|----------|
| Date of Incident: | Time of Incident: <input type="checkbox"/> Before Event <input type="checkbox"/> During Event am / pm <input type="checkbox"/> After Event | Sport: | Age Division: Boys <input type="checkbox"/> Girls <input type="checkbox"/> | Incident Location <input type="checkbox"/> Field <input type="checkbox"/> Restrooms <input type="checkbox"/> Concession Area <input type="checkbox"/> Pavilion <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other | | Field #: |
|-------------------|--|--------|--|---|--|----------|

| | |
|----------------------------|----------------------------|
| Team Involved # 1 / Coach: | Team Involved # 2 / Coach: |
|----------------------------|----------------------------|

| | | |
|---|-----------|-------------------------------------|
| Police Report Filed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Report #: | Officer Name & Contact Information: |
|---|-----------|-------------------------------------|

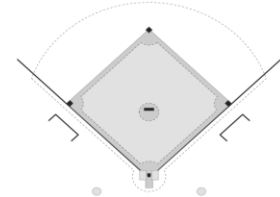
| Body Part Injured: | Type of Injury | Cause |
|--|---|---|
| <input type="checkbox"/> Ankle R / L <input type="checkbox"/> Leg R / L | <input type="checkbox"/> Abrasion <input type="checkbox"/> Nausea | <input type="checkbox"/> Animal / insect bite / sting |
| <input type="checkbox"/> Arm R / L <input type="checkbox"/> Neck | <input type="checkbox"/> Burn <input type="checkbox"/> Pain | <input type="checkbox"/> Assault / Non-Sexual |
| <input type="checkbox"/> Back <input type="checkbox"/> No Injury | <input type="checkbox"/> Cardiac <input type="checkbox"/> Seizures | <input type="checkbox"/> Assault / Sexual |
| <input type="checkbox"/> Ear R / L <input type="checkbox"/> Nose | <input type="checkbox"/> Cold Injury <input type="checkbox"/> Sprain | <input type="checkbox"/> Collision |
| <input type="checkbox"/> Eye R / L <input type="checkbox"/> Shoulder R / L | <input type="checkbox"/> Concussion <input type="checkbox"/> Sting / Bite | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Finger <input type="checkbox"/> Toe | <input type="checkbox"/> Contusion <input type="checkbox"/> Strain | <input type="checkbox"/> Slip / Fall |
| <input type="checkbox"/> Foot R / L <input type="checkbox"/> Tooth | <input type="checkbox"/> Dislocation <input type="checkbox"/> Other _____ | <input type="checkbox"/> Struck by falling object |
| <input type="checkbox"/> Hand R / L <input type="checkbox"/> Wrist R / L | <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Struck by or fell into goal |
| <input type="checkbox"/> Head <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fracture | <input type="checkbox"/> Verbal / Emotional Abuse |
| <input type="checkbox"/> Knee R / L | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internal | <input type="checkbox"/> Laceration | |

Outcome

| | | | |
|--|--|--|--|
| Care given: <input type="checkbox"/> None needed <input type="checkbox"/> Patient Refused <input type="checkbox"/> Guardian/Parent Refused | EMS Transport: <input type="checkbox"/> T&C Recommended <input type="checkbox"/> Patient / Parent requested | Referral: <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital/ Clinic | Released: <input type="checkbox"/> To Parent / Guardian <input type="checkbox"/> To Personal Vehicle <input type="checkbox"/> To Self (Adult ONLY) |
|--|--|--|--|

Describe the incident (Attach additional pages as necessary):

Mark Location Incident Occurred



Witness Information (Confidential) - Witness statements should be attached.

| Name: | Address: | Contact: |
|-------|----------|----------|
| #1 | | |
| #2 | | |
| #3 | | |

Person Submitting this form:

| | | |
|------------------------|--------------------|--------------|
| Printed Name: _____ | Date & Time: _____ | Phone: _____ |
| Position/ Title: _____ | Signature: _____ | Email: _____ |

For T&C Internal Use Only:

| | | |
|--------------------|-------------------------|-------------------|
| Received by: _____ | Date & Time: _____ | Date Filed: _____ |
| Signature: _____ | Position / Title: _____ | O: _____ I: _____ |

Note: This form should be prepared by a coach, volunteer, or T&C Official. The T&C accident / incident report is used whenever there is a personal injury or illness, damaged property, or threats and / or actual physical violence around a T&C event, calls to the police / first aid responders. Return completed form to the sport association board members and forward a copy to the T&C Executive Director at director@tandcsports.org