

Horsham Soccer Incident Report

1. General Information

Date and time of report: _____
Reporters name: _____ Position: _____
Home address: _____
Phone (H): _____ Phone (W): _____
Phone (cell): _____ Email: _____
Event/Activity: _____
Date & time of incident: _____ Location: _____

2. Provide full description of all events leading up to and including the incident: _____

3. Witnesses

Full Name Address Statement Attached (Y/N)

4. Who responded to the incident (include all parties - Coaches, Paramedics, Police, etc.): _____

5. If an Injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____
Address: _____
Phone (H): _____ Sex: _____ Male _____ Female _____
Position: _____ Player _____ Coach _____ Official _____ Spectator _____ Other: _____

6. Describe injury (specify where on body, right or left side): _____

7. Was First Aid treatment required? _____

8. If yes, who provided First Aid treatment? _____

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

10. Other Comments: _____

Reporter's Signature: _____ Date: _____

Send one copy to: Horsham Soccer Association, PO 247, Horsham, PA 19044