

# 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**