

# INCIDENT REPORT

## WEST TENNESSEE SOCCER CLUB

Use this form to report injuries and property damage. Please be as accurate as possible.  
We encourage reporting of all incidents.

DATE: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_ AM PM

NAME OF PERSON REPORTING INCIDENT: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### COMPLETE THIS SECTION IF THERE WAS AN INJURY

TYPE OF BODILY INJURY (IF ANY): \_\_\_\_\_

THE INJURED PERSON(S) IS: PLAYER \_\_\_ PARENT \_\_\_ OTHER \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

NAME(S) OF PERSON(S) INJURED: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE EXACTLY WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY MEDICAL TREATMENT GIVEN? \_\_\_ YES \_\_\_ NO

TO WHOM? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

DESCRIBE PROCEDURES(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON(S) TAKEN TO HOSPITAL? \_\_\_ YES \_\_\_ NO NAME(S) \_\_\_\_\_

\_\_\_\_\_

NAME OF HOSPITAL: \_\_\_\_\_

WERE POLICE CALLED TO THE SCENE? \_\_\_ YES \_\_\_ NO PARK RANGERS \_\_\_ YES \_\_\_ NO

NAME OF THE DEPARTMENT AND OFFICER(S) \_\_\_\_\_

\_\_\_\_\_

PLEASE USE ADDITIONAL PAGES IF NECESSARY AND SEND TO [clubadministrator@tnpridesoccerclub.com](mailto:clubadministrator@tnpridesoccerclub.com).