



District 31

District Incident Report Form

This form is not an Accident Claim Form. If the injured party has USA Insurance and is seeking medical reimbursement, they must complete an Accident Claim Form. This form may be obtained from your locale league or your District Office.

This report is to be completed by:

League Official or Coach For incidents occurring during regular, pre-season or league activities.

Tournament Directors For incidents occurring during any Sanctioned USA Tournaments.

Who should get a copy of this report: Parents/Guardian if a child, injured party if an Adult, League Official, person filling out the report, and a copy to the District Office.

1. GENERAL INFORMATION

Date and Time of Report: _____

Reporter's Name: _____ Position: _____

Home Address: _____

Phone (H): _____ Work: _____

Cell: _____ E-Mail: _____

Event/Activity: _____

Date and Time of Incident: _____

Location of Incident: _____

2. PROVIDE A 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** (incident all parties – coaches, athletic trainers, security, paramedics, police, etc.) _____

5. **IF AN INJURY IS INVOLVED, PLEASE PROVIDE THE FOLLOWING:**

Injured Person's Name: _____ Age: _____

Address: _____

Phone Number: _____ Sex: Male Female

Position: Player Coach Official Spectator Other: _____

Is the injured person insured with USA? Yes No

If yes, through with USA Insurance Program? Individual Team Other _____

Has an Accident Claim Form been sent to the USA Insurance Company: Yes No

If no, does the injured person have a copy of the Accident Claim Form: Yes No

6. **DESCRIBE THE INJURY** (specify where on the body, right or left side)

7. **WAS FIRST AID TREATMENT REQUIRED:** Yes No

8. **IF YES, WHO PROVIDED THE FIRST AID TREATMENT?** _____

9. **PLEASE PROVIDE DETAILED DESCRIPTION OF THE SURROUNDING AREA, FACILITY CONDITIONS, WEATHER CONDITIONS, ETC:** _____

10. **OTHER COMMENTS:**

VERIFICATION STATEMENT: By signing this document, I verify that this report is true and correct to the best of my knowledge.

Reporter's Signature: _____ Date: _____