

# Accident/Incident Report

April 11, 2018

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Action Taken: (Check All That Apply)

☐ Nothing Required ☐ Injured Refused Treatment

☐ Parent Notified ☐ First Aid

Explanation: \_\_\_\_\_

Was Professional Medical Treatment Required?: Circle Yes or No

Ambulance Called At: \_\_\_\_\_

Injured Taken To: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Was the Safety Manager and/or Board President Notified? Circle Yes or No

Name of Coach or Witness: \_\_\_\_\_

Signature of Coach or Witness: \_\_\_\_\_



Physical Address:  
4370 Farquhar Avenue  
Los Alamitos, CA 90720

Mailing Address:  
P.O. Box 371  
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