



TC UNITED SPORTS INCIDENT REPORT

It is important to have written incident reports on file regarding injuries, property damage or other incidents that may result in a claim against your team, league and sports association. Many such claims allege negligence, and written reports prepared immediately after an incident occurs are invaluable in defending these types of claims. In the event of a serious injury, it is important to ask for written statements from witnesses and individuals actually involved in the incident. This report should be immediately given to the Director of Coaching. The Director of Coaching will be responsible for creating copies of this report and ensuring all the necessary participants receive a copy of this report for their own records. Attach any additional information that might be helpful in defense of a future claim, such as: police report, doctor's statement, pre-game field inspection report, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

This report is to be completed by:

1. Coach or Official - for incidents occurring during regular, pre-season or post- season team activities.
2. Director or Sponsor - for incidents occurring during tournaments or special events.
3. Director or Coach - for incidents occurring during camps or clinics.

GENERAL INFORMATION

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____ POSITION: _____

HOME ADDRESS: _____

PHONE (HOME): _____ PHONE (WORK): _____

PHONE (CELL): _____ EMAIL: _____

EVENT/ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

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

PRIMARY WITNESSES (Attach any additional statements from these individuals)

FULL NAME	PHYSICAL ADDRESS	PHONE NUMBER

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

FULL NAME	PHYSICAL ADDRESS	PHONE NUMBER	POSITION

If an Injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____

Address: _____

Phone (H): _____ Sex: _____ Male _____ Female _____

Position: _____ Team No. and Color _____

Player _____ Coach _____ Official _____ Spectator _____ Other _____

Describe the injury (specify where on the body, right or left side, etc): _____

Was First Aid Treatment required? YES or NO (circle one)

If yes, who provided the First Aid Treatment: _____

Please provide a detailed description of surroundings, facility condition, weather conditions etc:

Additional 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** _____

Received By _____ **Date** _____

Filed By _____ **Date** _____

ECD Reviewed _____ **Date** _____

ECD Follow Up _____ **Date** _____