

TC United Soccer Association PO Box 528, Zoar, OH 44697 tcunitedsoccer@yahoo.com www.tcunitedsoccer.net (330) 526-1901

## 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:

GENERAL INFORMATION

- 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.

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:			
PRIMARY WITNESSES (Attach any a		e individuals)	
FULL NAME	PHYSICAL ADDRESS	PHONE NUMBER	

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Who responded to the incident (include all parties - Coaches, Board Members, Paramedics, Police, etc.):				
FULL NAME	PHYSICAL ADDRESS	PHONE NUMBER	POSITION	
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If an Injury is involved, p	olease provide the followin	ıg:		
Injured Person's Name:			_Age:	
Address:				
Phone (H):		Sex:	Male Female	
• •		nd Color		
Player Coach _	Official Sp	ectator Other		
Doccribo the injury (cno	cify where on the hody right	or left side, etc):		
<b>Describe the injury</b> (spec	iny where on the body, right	or left side, etc.):		
TAY D' . A'lm				
Was First Aid Treatment	trequired? YES or NO (cir	rcle one)		
If yes, who provided the	First Aid Treatment:			
-				
Please provide a detaile	d description of surroundi	ngs, facility condition, wea	ther conditions etc:	
Additional comments: _			_	
Verification Statement:				
By signing this document,	I verify that this report is tru	ue and correct to the best of r	ny knowledge.	
Reporter's Signature		Date		
Received Rv		Date		
Received By				
Filed By		Date		
ECD Reviewed		Date		
ECD Follow Un		Date		