

SOUTHERN OHIO YOUTH FOOTBALL ASSOCIATION, INC. – INCIDENT & ACCIDENT REPORT

1. General Information:

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____ POSITION: _____

PHONE (H): _____ PHONE (W): _____

PHONE (CELL): _____ EMAIL: _____

EVENT/ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

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

3. Witnesses (Include name and contact number):

4. Who responded to the incident (include all parties - Coaches, Athletic Trainers, Paramedics, Officials, Police, etc.):

5. Disciplinary Action taken (ejection, etc.):

IF NO INJURY WAS INVOLVED, SKIP TO NUMBER 11.

6. If an Injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____

Address: _____

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

Position: _____ Player _____ Coach _____ Official _____ Spectator _____ Other: _____

7. Describe injury (specify where on body, right or left side):

8. Was First Aid treatment required? _____

9. If yes, who provided First Aid treatment? _____

10. Please provide detailed description of surroundings, facility condition, weather condition, etc:

11. Other Comments: _____

12. 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: _____

Host Representative Signature: _____ Date: _____

Visitor Representative Signature: _____ Date: _____

*Provide keep one copy for your files & forward the original to SOYFAI Secretary
c/o 2425 Findlater Court, Cincinnati, Ohio 45230*