



## Loudoun Soccer ACCIDENT REPORT

DATE OF INCIDENT: \_\_\_/\_\_\_/\_\_\_

DATE REPORTED: \_\_\_/\_\_\_/20\_\_

PERSON REPORTING INCIDENT: \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME OF INJURED PERSON: \_\_\_\_\_

PHONE # \_\_\_\_\_

PLAYING OR PRACTICE FIELD WHERE INJURY OCCURRED: \_\_\_\_\_

DID THE INJURED PERSON REQUIRE PROFESSIONAL MEDICAL ATTENTION?      \_\_\_ YES \_\_\_ NO

WAS THE INJURED PERSON TAKEN TO THE HOSPITAL?      \_\_\_ YES \_\_\_ NO

IF YES, WAS THE PERSON TAKEN BY AMBULANCE?      \_\_\_ YES \_\_\_ NO

HOW WAS THE PERSON INJURED? (USE BACK OF FORM IF MORE SPACE IS NEEDED.)

WAS MEDICAL ASSISTANCE MADE AVAILABLE AT THE SCENE? (IF YES, WHAT?)      \_\_\_ YES \_\_\_ NO

IF YES, WHAT? \_\_\_\_\_

WAS A PARENT OR GUARDIAN PRESENT WHEN THE INJURY OCCURRED?      \_\_\_ YES \_\_\_ NO

IF THE PARENT OR GUARDIAN WAS NOT PRESENT, WAS HE/SHE NOTIFIED OF THE INJURY ASAP?      \_\_\_ YES \_\_\_ NO

WAS THE INJURY CONSIDERED TO BE MINOR AT THE TIME?      \_\_\_ YES \_\_\_ NO

WAS THE INJURY DUE TO FIELD OR EQUIPMENT CONDITION?      \_\_\_ YES \_\_\_ NO

IF YES, HOW? \_\_\_\_\_

WAS THE PLAYER REMOVED FROM THE FIELD OF PLAY?      \_\_\_ YES \_\_\_ NO

DID THE PLAYER RETURN TO THE FIELD AFTER THE INJURY OCCURRED?      \_\_\_ YES \_\_\_ NO

DID THE COACH OR PARENT OK THE PLAYER RETURNING?      \_\_\_ YES \_\_\_ NO

IF A REFEREE WAS INJURED, DID THE REFEREE HAVE TO LEAVE THE GAME?      \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
SIGNATURE OF PERSON FILING REPORT

\_\_\_\_\_  
SIGNATURE OF WITNESS

**PLEASE FILL OUT THIS FORM AND TURN IT IN TO A LOUDOUN SOCCER REPRESENTATIVE,  
OR MAIL IT TO:**

**Loudoun Soccer, PO BOX 1358, LEESBURG, VA 20177**