Garrison City F.C.

PO Box 1495, Dover, NH, 03820

www.doversoccer.org

Accident Report Form

Name of injured:	Guardian/Parent name (if injured is a minor):		Phone:
Street Address:	City:	State:	Zip:
Position/Title:	e-mail address:		Date:

INCIDENT INFO:	Date of Incident:	Age Division:	☐ Boys ☐ Girls	Time of Incident: ☐ AM / ☐ PM

Tournament Name & Location *(if applicable)*

Team Involved #1:	Coach Name:	Region #
Team Involved #2:	Coach Name:	Region #

BODY PART INJURED

☐ Ankle (L/R)	☐ Shoulder(L/R)	☐ Tooth
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Back
☐ Leg	☐ Finger	☐ Neck
☐ Foot	☐ Eye (L/R)	☐ Internal
☐ Toe	☐ Ear (L/R)	☐ No injury
☐ Arm	☐ Nose	☐ Other
☐ Hand	☐ Head	

If ankle injury, was ankle:

☐ Taped/Supported
☐ Unsupported
Shoes: ☐ Yes ☐ No

If knee injury, was knee:

☐ Braced/Supported
☐ Unsupported
Knee Pads: ☐ Yes ☐ No

PRIMARY INJURY

☐ Abrasion	☐ Dislocation	☐ Pain
☐ Burn	☐ Foreign Body	☐ Seizures
☐ Cardiac	☐ Fracture	☐ Sting/Bite
☐ Cold Injury	☐ Heat Exhaustion	☐ Strain
☐ Concussion	☐ Laceration	☐ Sprain
☐ Contusion	☐ Nausea	

LOCATION

☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event
☐ Competition Area
☐ Concession Area
☐ Parking Lot
☐ Restrooms
☐ Off Property
☐ Bleachers/Stands

INCIDENT

☐ Collision (participant/spectator)	☐ Animal/insect bite/sting
☐ Collision (with object)	☐ Slip/Fall
☐ Collision (participant/participant)	☐ Overexertion
☐ Collision (spectator/spectator)	☐ Assault/Sexual
☐ Struck by falling /flying object	☐ Assault/Non-Sexual
☐ Caught in, on, between goal	☐ Property Damage

DISPOSITION

No care given:	☐ Not Needed
	☐ Patient Refused
Released:	☐ To Parent
	☐ To Personal Vehicle
Referral	☐ To Doctor
	☐ To Hospital/Clinic
EMS transport::	☐ Region Recommended
	☐ Patient/Parent Requested

FIELD SURFACE ☐ Dirt ☐ Grass ☐ Turf ☐ Indoor

CLASSIFICATION ☐ Non-Injury *(threat, assault)* ☐ Minor Injury or Illness ☐ Serious Injury or Illness

POLICE REPORT FILED: ☐ Yes ☐ No ***If yes, report number:*** ***Officer's Name& badge # :***

Describe how the incident, injury or property damage occurred: (*use the backside or attach a separate sheet if necessary – may attach a copy of the Referee Game Misconduct Report*)

WITNESS INFORMATION - Confidential

Name	Address	Tele Number

Person/Volunteer completeing this form:

Name:	Signature:	Phone:
Position/Title:	e-mail address:	Date:
Received by (DSA Rep):	Signature:	Date: