



DSL Soccer Accident Report Form

Date of Accident _____

Name of Injured: _____ Male _____ Female _____

Age of Injured: _____

Address of Injured: _____

Telephone Number _____

Date of Accident: _____

Time of Accident: _____ A.M. / P.M.

Location Accident Occurred: _____

Nature of Injury

Ankle _____

Finger _____

Foot _____

Forearm _____

Head _____

Scalp _____

Tooth _____

Wrist _____

Face _____

Mouth _____

Nose _____

Hand _____

Ear _____

Knee _____

Elbow _____

Other _____

Leg _____

Arm _____

Back _____

Shoulder _____

Eye _____

Thigh _____

Ribs _____

Probable Cause of Accident

Fall _____ Collision _____ Struck by _____ Specify Other _____

Brief Description of Accident: _____

Immediate Action Taken

First Aid _____

Sent to Hospital _____

Sent to Doctor _____

Other _____

Emergency Number Available _____

First Aid Kit on Site _____

Refused Attention _____

Method of Transportation

Ambulance _____

Private Vehicle _____

Law Enforcement _____

Fire Dept. Res. Squad _____

Other _____

Time Reported

Time Arrived

Information of Witnesses

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Notified League Coordinators

Theresa Cartier 412-951-8629 Yes / No Date _____ Time _____ A.M. / P.M.

Mitch Riehle 412-780-1829 Yes / No Date _____ Time _____ A.M. / P.M.

Person Completing Report

Name _____

Address _____

Phone _____

Position _____

Date _____

Signature _____

League Coordinators

Signature _____

Date _____

Signature _____

Follow Up Recommended: Yes _____ No _____