



Predators FC Accident / Incident Report



Complete this form and submit immediately to Predators FC Staff for all incidents such as accidents in parking lots, unruly sidelines, physical or verbal confrontation between coaches, players, or spectators, confrontations directed at referees or tournament officials and any incident that could become a potential insurance claim or lawsuit.

Name of Person Completing Report _____ Title _____

Street Address _____

City, State, Zip _____

Home Phone (____) _____ Day Phone (____) _____ Email _____

LOCATION OF ACCIDENT / INCIDENT

Date of Incident _____ Time: _____ AM / PM Type of Incident: Bodily Injury Property Damage

Event _____ Event Date(s) _____

Location Address _____

Specific Location (field, parking lot, gym, etc) _____

BODILY INJURY REPORT

Name of Injured Prson _____ Birth Date: _____ Sex: F or M

Street Address _____

City, State, Zip _____

Home Phone (____) _____ Day Phone (____) _____ Email _____

Part of Body Injured _____ Describe Injury _____

Brief Summary of Incident (provide facts only):

Did injured person make any statement? YES or NO If Yes, please describe what was said below:

Was First Aid administered? YES or NO By Whom (name and position) _____

Describe First Aid given: _____

Were Paramedics called? YES or NO Paramedic Service Offered: Accepted or Refused

Were Police called? YES or NO Police Dept _____ Officer _____

18 Were Parents/Guardian/Relatives notified? YES or NO

By Whom _____ Notifier's Day Phone (_____) _____

Name of Parent/Relative Contacted _____ Relationship to Injured Person _____

Parent/Relative's Home Phone (_____) _____ Day Phone (_____) _____ Email _____

Do you expect this person to submit a claim? YES NO Do Not Know

DAMAGE TO PROPERTY REPORT

Name of Property Owner _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ Day Phone (_____) _____ Email _____

Describe property damage _____

Summarize how damage occurred (provide facts only):

Estimated Cost of Repair \$ _____ Estimates Attached? YES NO

COMPLETE WITNESS INFORMATION

Name of Witness: _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ Day Phone (_____) _____ Email _____

Witness: _____ Title: _____ Phone (_____) _____

Relationship to Injured Party: Relative/Friend (specify) _____

Event Official Referee Program Participant Spectator Other _____

Did Witness Make A Statement? YES NO If yes, describe what was said and attach additional pages if necessary.

Submit to Predators FC within 24 hours
6313 NW Cheyenne Ave Lawton Oklahoma 73505
admin1@predatorssoccer.com, 580 695-3602
www.predatorssoccer.com

Board Approved _____