

Moon Crescent Athletic Association
Preliminary Accident/Incident Report

Name (person involved): _____ Date of Accident/Incident: _____
Parent/Guardian (if applicable) _____ Contact Phone #: _____

A. Division (Please circle)

-Cheer -Football -Non Participant

B. Team (Please Circle)

-Twerps -Termites -Mitey Mites

C. Accident/Incident Occurred (Please Circle)

-Hyde Elementary Field -Moon HS Field -Other _____

D. Type of Accident/Incident (Circle all that apply)

-Collision -Traumatic (tripped/fell) -Heat Injury (Over-exerted)

-Other _____

E. Cause of Accident/Incident (Check all that apply)

___ Environmental (i.e. bee sting) ___ Lack of (or poor fitting) protective equipment

___ Normal contact/routine ___ Uneven field surface (i.e. holes, humps)

___ Weather conditions (i.e. rain, dark) ___ Other _____

F. Contributing Acts to the Accident/Incident (Check all that apply)

___ Horseplay ___ Lack of Supervision

___ Improper Technique ___ Not paying attention

___ Other (please explain) _____

G. Outcome of Accident/Incident (Please Circle)

-No treatment needed -First Aid on field -To Parents - To Hospital/Doctor -Ambulance

H. Please provide a brief statement of what happened _____

I. Please provide any recommended corrective measures needed _____

J. Name of person completing form: _____ Phone: _____

Note: This form is for MCAA purposes only. When an accident occurs, obtain as much information as possible. Within 48 hours, please submit a copy of this report to the Safety Commissioner, Britney Krznar @ brittany26@comcast.net

In case of an emergency, telephone the Safety Commissioner within 24 hours at (412)708-8882