

## IX. D.A.D. Athletic League Accident Report

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Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Name, E-mail, Telephone Number of Person Supervising the Event: (Example: Coach)

\_\_\_\_\_  
\_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date and Time of the Accident: \_\_\_\_\_

Exact Location of the Accident: \_\_\_\_\_

Extent of the Injury (If Known): \_\_\_\_\_

Cause of the Accident: \_\_\_\_\_

Witnesses: (Name, E-Mail, Telephone Number) *Please attach their statements to the Accident Report*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Remarks of the Person Reporting the Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Player's Parent Called? \_\_\_\_\_ By Whom? \_\_\_\_\_ Time: \_\_\_\_\_

First Aid Administered? \_\_\_\_\_ EMS Called? \_\_\_\_\_ Time: \_\_\_\_\_

Name, Address and Telephone Number of the Person Completing the Report:

\_\_\_\_\_

----- *To be filled out by Archdiocese Staff* -----

Date the Report Was Sent to the Insurance Company: \_\_\_\_\_

Signature: \_\_\_\_\_