



## Preliminary Accident Report

*This report is to be signed by the coach or referee and submitted to the Director of Safety within 48 hours of the incident.*

NAME OF THE INJURED PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PARENT(S) NAME(S) (if applicable): \_\_\_\_\_

DIVISION: \_\_\_\_\_ TEAM: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_

WHERE DID INJURY OCCUR?: \_\_\_\_\_

DESCRIBE INJURY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNATURE OF COACH, REFEREE, OR

OTHER OFFICIAL: \_\_\_\_\_

ADDRESS OF SIGNEE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS OF WITNESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

*Prompt and complete information will aid in determining the need for supplemental accident reimbursement and the completion of subsequent insurance forms. It will also help in determining if we have other correctable problems that would reduce injury. Please try to telephone the Director of Safety to report the injury and then follow-up with this form.*

**Director of Safety:** Joe Salvi e-mail: jvsbas1@aol.com

**Mail completed form to:** Ela Soccer Club, P.O. Box 46, Lake Zurich, IL 60047