

**Shedden Soccer**  
**35921 Talbot Line, Shedden, ON N0L 2E0**  
**ACCIDENT and/or INCIDENT REPORT**

**REPORT DATE** \_\_\_\_\_

Date Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  
yyyy / mm / dd

Person Reported to \_\_\_\_\_ Location of Incident \_\_\_\_\_

**Action Taken:** (check applicable)

First Aid Only \_\_\_ Ambulance called Yes \_\_\_ No \_\_\_ Police called Yes \_\_\_ No \_\_\_

Was there an injury? Yes / No Explain \_\_\_\_\_

\_\_\_\_\_  
Brief description of incident (type / location / equipment involved / include other persons involved):  
\_\_\_\_\_  
\_\_\_\_\_

**Injured Persons Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Type of Injury (if known): \_\_\_\_\_

Witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_

phone #: \_\_\_\_\_

**Police Information** (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Name** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

yyyy / mm / dd