



Langhorne Neshaminy United Soccer Club Incident Report



This form is used to report incidents regarding LNU players, coaches, and parents. An "incident" is any event that prompts a confrontation that needs to be communicated or escalated to the board or If a player has been removed from a game or practice due to injury, or EMT/Paramedics are called to the game/practice,. When completed, please submit to the appropriate Commissioner and Risk Manager Director within 48 hours of the incident.

1. General Information:

Date and time of report: _____
Reporters name: _____
Address: _____
Phone: _____ Date of Birth: _____ Male/Female: _____
Event/Activity: _____
Date and time of incident: _____ Location of incident: _____

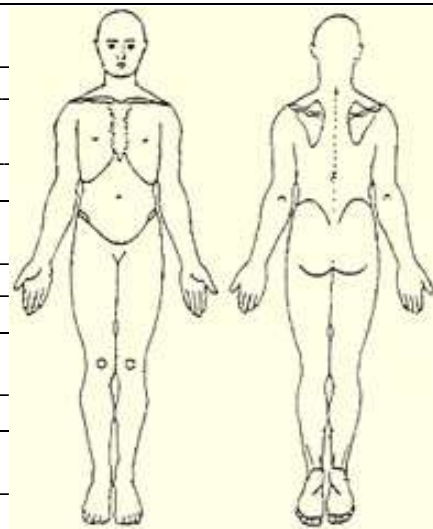
2. Provide full description of all events leading up to and including the incident:

3. Witnesses (name and contact information):

4. Who responded to the incident (include all parties- Coaches, Paramedics, Police, Emergency Services, etc.):

5. If an injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____
Address: _____
Phone: _____ Male/Female: _____
Position: Player _____ Coach _____ Official _____ Spectator _____ Other: _____



6. Describe injury: specify where on body - use picture →:

7. Was First Aid treatment required? If yes, who provided First Aid treatment?

8. Was an ambulance called? If yes what hospital was the person taken to?

9. Please provide detailed description of surrounding, facility conditions, weather condition, etc. :

10. Other Comments:

Reporter's Signature: _____ **Date:** _____