

# S.P.O.R.T.S. ACCIDENT REPORT FORM

12690 Promise Road

Fishers, IN 46038

317-845-5582

## ACCIDENT INFORMATION REPORT FORM TO BE COMPLETED BY THE HEAD COACH.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN A COPY TO THE S.P.O.R.T.S. OFFICE (FAX # 845-5687)

Date Accident Was Reported: \_\_\_\_\_

Injured Party: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Parents/Guardian information if different from injured party

Parent/Guardian: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Where was injured party taken to for medical treatment:

\_\_\_\_\_  
Description/Cause of Injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to Injury:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_

Name of Person Taking Report: \_\_\_\_\_