



**PYFL ACCIDENT/INCIDENT REPORT FORM**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Site Director: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Who was injured person? (circle one) Player Official Coach Spectator Volunteer Other

Type of injury: \_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

Parents Present? Yes \_\_\_\_\_ No \_\_\_\_\_ Parents Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian/Parents: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Paramedics called to the scene? Yes \_\_\_\_\_ No \_\_\_\_\_

Injury requires physician/hospital visit? Yes \_\_\_\_\_ No \_\_\_\_\_

Witness Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of injured party Date

\_\_\_\_\_  
Signature Person completed this form Name Phone # Date

Return this form to PYFL Insurance Commissioner within 24 hours of incident.