



EastSide Soccer Association Incident Report Form

Reporting Instructions

Use this form to report any incidents that happen during ESSA or Indy Force activities. Please *PRINT* clearly. Please fill out the form completely. Please include all of the facts from the incident. On page 2 please write a short narrative of the incident. The information on this form will be reviewed by the ESSA executive board.

Once this form has been completed, please turn it into an ESSA executive board member or mail it to ESSA PO Box 29377 Indianapolis, Indiana 46229.

Type of Incident

<input type="checkbox"/> Injury	<input type="checkbox"/> Theft	<input type="checkbox"/> Fighting
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Other

Reporting Party

First Name	Last Name	Middle Initial
Home Phone	Cell Phone	E-mail address

Persons involved

First Name	Last Name	Middle Initial
Home Phone	Cell Phone	E-mail address

First Name	Last Name	Middle Initial
Home Phone	Cell Phone	E-mail address

First Name	Last Name	Middle Initial
Home Phone	Cell Phone	E-mail address

First Name	Last Name	Middle Initial
Home Phone	Cell Phone	E-mail address

Incident Information

Date of incident	Time of incident	Location of incident
Emergency Response Required (circle one)		Type of emergency response (circle one)
Yes	No	Fire Ambulance Law Enforcement Other
Treatment given (if applicable)		
Please print clearly:		



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Description of incident (what happened)

Please print clearly:

Witnesses #1

First Name	Last Name	Middle Initial

Witnesses #2

First Name	Last Name	Middle Initial

Sign and Date

Date	Printed Name	Signature

For ESSA Use Only

Actions to be taken:

Reviewing Parties

Incident reviewed by: _____

Date incident reviewed: _____

Signature: _____

Board Position: _____

Incident reviewed by: _____

Date incident reviewed: _____

Signature: _____

Board Position: _____

Incident reviewed by: _____

Date incident reviewed: _____

Signature: _____

Board Position: _____

Incident reviewed by: _____

Date incident reviewed: _____

Signature: _____

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