

Please complete for any player injury and on site spectator injury. Please fax 336-998-4277 or email to [Ppolonsky@twincitysoccer.com](mailto:Ppolonsky@twincitysoccer.com) within 24



**Incident Recall Report for both player injury and liability issue**

<b>Player/Coach</b>	<b>Site of Injury</b>	<b>Date</b>
<b>Team &amp; Age Group</b>	<b>Witnesses if applicable</b>	<b>Date of Interview</b>

**RECALL ROUTINE**

<p>1. Was medical attention needed <small>double click on box to place check</small> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>2. Doctor <input type="checkbox"/> _____</p> <p>3. Hospital <input type="checkbox"/> _____</p>	<p>4. Is Follow-Up Treatment Necessary for player <small>double click on box to place check</small> <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>5. Did Parents Sign Off on Treatment <input type="checkbox"/> <input type="checkbox"/> WHO DID _____</p>
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D E S C R I P T I O N	<p>25. Describe clearly how the incident occurred.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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A N A L Y S I S	<p>26. What acts, failures to act and/or conditions contributed most directly to this incident/player injury?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>27. What are the basic or fundamental reasons for the existence of these acts and/or conditions?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**EVALUATION**

<p>28. Referee Crew on the game</p>	<p>29. Probable Recurrence Rate if dealing with field or location condition</p> <p>____ Frequent    ____ Occasional    ____ Rare</p>
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P R E V E N T I O N	<p>30. What action has or will be taken to prevent recurrence? Number all items in sequence.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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31. Investigated by:	33. Date:	34. Reviewed by:	35. Date:
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