



**SPORTS AND ATHLETICS SECTION
DEPARTMENT OF COMMUNITY SERVICES**

77 Reads Way • New Castle, DE 19720

(302) 395-5890 (office) (302) 395-5892 (fax) (302) 395-5891 (weather line)

ACCIDENT REPORT

Name of injured _____ SS# _____ Date of Birth ___/___/___/ Age _____

Address _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Team Name(if applicable) _____ Activity _____

Location Where Incident Occurred: _____

Date of Injury and Time: _____ a.m./p.m.: Weather Conditions (if pertinent) _____

Describe the injury and part of body affected: _____

Describe how the injury occurred: _____

Was first aid administered? Yes _____ No _____ By whom? _____

If above answer was yes, describe extent of first aid: _____

Was injured person taken home or to the hospital? _____ Name of Hospital: _____

What preventive measures could be taken to avoid similar accidents in the future? _____

Witnesses:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Signature of injured person (if obtainable) _____ Date _____

Reported by _____ Title: _____ Date _____

Follow-up:

By whom? (N.C.C. Staff) _____ Date _____

Condition of injured person _____

Insurance Company _____ Policy # _____

Condition verified by _____ Relationship _____

ACCIDENT REPORT

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INSTRUCTIONS TO COORDINATOR / MANAGER:

1. Do not move victim, unless such movement will dismiss impending death. No movement: i.e. back and spinal injury, head injury, cardiac arrest. If a player is down on the playing court, all play must be suspended until such time Emergency Medical Service arrive and take over.
2. For all situations beyond #1 (Such as: ankle, knee, broken bones, heart attack, etc.): Players should be placed in a non-traffic location in the most comfortable position for them. Protection of the injured part should be a priority. They must be attended until such time as the Emergency Medical Service arrives.
3. If injured player leaves grounds without Emergency Medical Service try to have them sign form on opposite side of page.
4. You are asked to report all severe accidents as soon as possible by taking one of the following steps: 1) Calling the NCCDCS Supervisor when you arrive home; 2) Calling the Sports Office message recorder (395-5890) when you arrive home or; 3) Calling the Sports Office (395-5890) on the morning of the next working day. In addition, you must submit the original copy of the completed accident report to the Sports and Athletics Office within 48 hours following the accident.
5. Player's manager and/or parents should be asked to contact the NCCDCS Supervisor within 48 hours and report on the players condition.