

Yorktown Athletic Club
Accident/Injury Report Form

PRINT LEGIBLY

Date: _____ Time: _____ AM / PM Day: _____

Victim's Name: _____ Date of Birth: _____ Sex: M F

Address: _____

Phone: _____ Parents' Name (if under 18) _____

Is victim a member of YAC? Yes No

Location of Accident (include address, town, state, & zip code): _____

Specific location at the facility: _____

Witnesses:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Description of Incident/Accident:

How/why did the incident/accident happen? What was the person doing? List contributing conditions that may have been seen.

Nature of Injury (mark all that apply): ___Abrasion (scratch) ___Laceration ___Amputation

___Avulsion ___Strain/Sprain ___Puncture ___Concussion ___Fracture ___Contusion (bruise)

___Heat Related ___Cold Related ___Allergy Related ___Burn

___Other _____

Exact location of injury and part of body (*Left/right, front/back, etc.*):

Extent of Injury: ___ Mild ___ Moderate ___ Serious

Nature of Illness (mark all that apply):

___Respiratory ___Cardiac ___Other _____

Immediate Action Taken:

First Aid Treatment Provided: _____
_____ Given By: _____

Blood Present? Yes No Gloves Worn? Yes No

Was CPR give Yes No Prior to Your arrival Yes No

AED Used? Yes No By Whom (Name) _____ # of Defibrillations: _____

Mouth to Mouth given? Yes No Was a mask used? Yes No

Taken to Hospital? Yes No Taken to Personal Doctor? Yes No

How where they taken: Police Fire Ambulance Personal Vehicle

If personal vehicle by whom (Name) _____

Name of Hospital or Doctor: _____

Where Parents present at Facility? Yes No If yes name of parent: _____

If parents were not present were they notified? Yes No

If yes name of parent: _____

If no why? _____

Names of additional people that assisted: _____

Additional Information: _____

Certified YAC Coach filing this report:

(Print Name and Title): _____

Signature: _____ Date: _____

This report MUST be sent to the YAC AED Administrator within 24 hours after the incident

For Official Use Only:

Received & Reviewed By: _____

Date: _____ Time: _____

If AED Usage report was required was it prepared and faxed to WREMSCO? Yes No

Date Faxed: _____ Time Faxed: _____