



**EDWARDSVILLE LITTLE TIGERS FOOTBALL  
INCIDENT REPORT**

**PREPARED AT THE REQUEST OF COUNSEL  
ATTORNEY CLIENT PRIVILEGED ATTORNEY WORK PRODUCT  
NOT ADMISSIBLE IN COURT**

1. Purpose. The purpose of this report is to ensure that information related to incidents involving Edwardsville Little Tigers Football Club ("ELTF") or its participants are uniform and consistent. This report is prepared at the request of counsel and is a privileged communication between ELTF and its counsel.
  
2. Procedure. The coach or volunteer that was involved or closest to the incident will be responsible for completing this report at the time the incident occurs. **IF THE INCIDENT INVOLVES AN INJURED PLAYER, DO NOT UNSNAP OR REMOVE THE PLAYER'S HELMET, ALLOW MEDICAL PROFESSIONALS TO DO SO UPON ARRIVAL.** This incident report should be completed as soon as practicable after the incident, and in no event later than the time that the coach or volunteer responsible for completing the incident report leaves the field or location of the incident for the day.
  
3. Definition. An incident is any form of adverse activity that involves a player, cheerleader, volunteer or person on or at the club activity premises (practices, games, or other activities sponsored by the club or club events). Each person that volunteers or coaches is to use his or her common sense and best judgment to determine if something is an "incident" and promptly notify ELTF Board of any possible incident. An incident may be caused by an act or an omission. Examples of matters for which an incident report should be completed include any of the following:
  - a person is injured
  - any form of bodily trauma to a person
  - a player is missing for an extended period of time (even if found later)

4. When:

Date of Incident:
Time of Incident:
Place of Incident:

5. Information on Incident Person:

Name (full name):
Grade (if applicable):
Birthdate:
Sex:
Name and Address of Father or Guardian:
Name and Address of Mother or Guardian:

6. Did the incident occur:
- a. While incident person was group supervised?  Yes  No
  - b. During club sponsored activity?  Yes  No
  - c. During programmed hours for the club?  Yes  No
  - d. On club activity premises?  Yes  No
  - e. While traveling to/from club sponsored activity?  Yes  No
  - f. Off club activity premises?  Yes  No

7. Name of Activity when Incident Occurred (example: tackling drill, warm-ups, scrimmage, etc.):

\_\_\_\_\_

8. Name of Supervisor(s) (i.e. coach(es) or volunteers that supervise the incident person at the time of the incident):

\_\_\_\_\_

9. Witness(es) to the Incident (other than the person completing this form)?  Yes  No  
If yes, list:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

(use additional pages for additional witnesses or persons of interest)

10. Nature of Injury or Incident (use additional pages if necessary):

11. In the space below (use additional pages if necessary) describe how the injury or incident occurred:

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12. Was an ambulance, EMT, police, official or medical professional called or involved with the incident?  
 Yes  No  
If yes, list:

Name: \_\_\_\_\_  
Official Title/Provider Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Badge or i.d. number (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
Official Title/Provider Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Badge or i.d. number (if applicable): \_\_\_\_\_

(use additional pages if necessary for additional official personnel called to the site of the incident)

13. Is there an incident report by ambulance, EMT, police, official or medical professional?  
 Yes  No  
If yes, attach a copy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_