

Accident/Injury Report

Incident: _____ Date: _____ Time: _____

Location of Accident: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: M F

City: _____ State: _____ Zip: _____ Phone: Home _____

Parents: _____ Work _____

Coach: _____ Phone: _____ Division: _____

Injury occurred at: Practice Game Tryout Tournament Special Event
occurred: Before During After
occurred: On the field Off the field

Injured Person is: Coach Umpire Volunteer Spectator Player
Position: _____

Nature of injury.

- Cuts/Scrapes: Minor Major Nose bleed Other: _____
 Fracture Sprain or Strain Contusion Burn Shock
 Stroke or heart attack Heat Exhaustion

Was injured person ever unconscious? Yes _____ No _____ How long? _____

Injured area.

- Head Neck Back Eyes Face Other _____
 Hand Arm Left Right Leg Foot Left Right

Was first aid required? Yes No

Did they seek professional medical help? Yes No

Biohazard material disposed of properly? Yes No

Explain what happened. _____

Signature _____

Phone # _____

Safety Officer Tracking: Official Use Only Baseball related injury: Yes No
Concern: Bat Ball Equipment Field **Training:** Player Coach
Common Sense Issue: Yes No