

FAIRFIELD LITTLE LEAGUE BASEBALL & SOFTBALL
ACCIDENT/INJURY REPORT FORM

Report all significant incidents, especially where assistance is rendered. Turn the completed form in to the appropriate League Commissioner within 24 Hours of the incident.

Name of injured: _____ Home Phone: _____

League: _____ Team: _____ Manager: _____

Manager's Phone (H): _____ (W): _____

Manager's E-mail: _____

Location of Incident: _____ Date: _____ Time: _____

How did incident occur? _____

Describe the nature of the injury and the body parts affected: _____

What care was provided? _____

Attended by: _____

Was anyone including the attendant exposed to bodily fluids? Yes: ____ No: ____

Was the family notified? Yes: ____ No: ____ who was notified? _____

PLEASE FILL OUT THE BELOW IF A SERIOUS INJURY OCCURRED:

Emergency Services called? (Check all that apply):

____ 911 ____ Ambulance ____ Police ____ Fire ____ Other (Name) _____

Where taken? Name of hospital: _____ Other: _____

Witnesses: Name: _____ Address: _____

Name: _____ Address: _____

Report prepared by: _____

Title: _____ Date: _____