

YUCAIPA CALIMESA GIRLS SOFTBALL

ACCIDENT REPORT

INJURED PERSON	Name: _____ Age: ___ Sex: _____ Address: _____ Telephone: _____ Parent or Guardian: _____ Was parent or guardian notified? _____ YES _____ NO (if minor): _____ Draw Map if needed
EXACT LOCATION	Name of field: _____ Where on Field: _____
DESCRIPTION OF ACCIDENT	Describe how accident occurred. Include any unsafe conditions, used of equipment, or other interim and any statements made by injured party (use the back of this form if more room is needed): _____ _____
Witnesses	Name: _____ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____
POSSIBLE INJURY	_____ Fracture _____ Sprain _____ Dislocation _____ Other explain) _____ _____ Right _____ Thigh _____ Ankle _____ Wrist _____ Arm _____ Head _____ Left _____ Lower _____ Knee _____ Hand _____ Back _____ Other _____
TREATMENT (RESCUE)	Treated by: _____ Describe treatment and injured party's status: 911 call? _____ Yes _____ No By Whom: _____ Time: _____
DESTINATION TRANSPORT	_____ Home _____ Ambulance Departure time: _____ By Whom: _____ Hospital _____ Returned to activities _____ Other(state) _____
CONDITIONS	Provide weather conditions or other factors which would help explain the environment in which the accident happened: _____ _____
COMMENTS	_____ _____ _____
PICTURES TAKEN	_____ Yes _____ No By Whom: _____ Date/Time: _____

Person Preparing Report (print): _____ Signature: _____

Date of Report: _____ Reviewed by: _____ Date: _____

In case of serious injury call 911 and notify League Safety Officer at home. This report is to be submitted to the League Safety Officer as soon as possible. If additional information is necessary, or if 911 is called, also complete a league Insurance Form and submit it with their Accident Form. Remember:

ONLY PROVIDE TREATMENT YOU ARE QUALIFIED TO PROVIDE