

# ACCIDENT REPORT FORM

USA Softball of Central California

Phone: Tom Dowd 559-281-1622



FACILITY \_\_\_\_\_ LOCATION \_\_\_\_\_ TYPE OF EVENT \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

INJURED NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF INJURED \_\_\_\_\_

WHAT WAS INJURED INDIVIDUAL DOING WHEN HURT? \_\_\_\_\_

\_\_\_\_\_

HOW WAS INJURED INDIVIDUAL HURT? \_\_\_\_\_

\_\_\_\_\_

EXTENT OF INJURY (specific description of incident including area of the body affected)

\_\_\_\_\_

ACTION TAKEN BY TRNY DIRECTOR \_\_\_\_\_

HOW AND WHERE WAS INJURED INDIVIDUAL TAKEN AFTER ACCIDENT \_\_\_\_\_

\_\_\_\_\_

IF BY AMBULANCE, PERSON REQUESTING IT: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

WITNESS NAME                      ADDRESS                                      PHONE

\_\_\_\_\_

\_\_\_\_\_

Trny Directors Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received at USA \_\_\_\_\_ Rec'd By \_\_\_\_\_

IN THE EVENT OF A SERIOUS ACCIDENT REQUIRING MEDICAL ATTENTION:

Contact TOM DOWD at 559-281-1622 or the Association Office at 805-466-8505

Please give one copy to our Office ( email this form to [jesse@usasoftballcentralcal.com](mailto:jesse@usasoftballcentralcal.com) ), one copy to the site/city contact and one copy to the Tournament Director.