

ACCIDENT REPORT FORM

USA Softball of Central California

Phone: Manny Alderete 661 331 0084



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 Manny Alderete at 661 331 0084 or manny@usasoftballcentralcal.com

Please give one copy to our Office (*email this form to manny@usasoftballcentralcal.com*), one copy to the site/city contact and one copy to the Tournament Director.