



www.cerritogirlssoftball.com

Accident / Injury Report Form

Date of This Report: _____ Date of Accident: _____ Time of Accident: _____ a.m./p.m.
Place of Accident: _____ Position: Player _____ Coach _____ Official _____ Spectator _____

Injured Party Name: _____ Male _____ Female _____ Age: _____ DOB: _____
Address: _____
Telephone: _____ E-Mail: _____ Social Security Number: _____
If a minor: Parent(s)/Guardian Name & Phone #: _____

NATURE OF INJURY

New Injury _____ Re-Injury _____

Abrasion _____ Break/Fracture _____ Aspiration _____ Laceration _____ Bite _____ Poisoning _____ Bruise/Contusion _____ Puncture _____ Burn _____
Scalds _____ Concussion/Head Injury _____ Scratches _____ Cut _____ Shock (el.) _____ Loss of consciousness _____ Dislocation _____ Sprain _____
Respiratory Problem _____ Spinal Injury _____ Bleeding Nose _____ Inflammation/Swelling _____ Other (specify): _____

Did the Injury Occur: During Warm Ups _____ During the Game _____ After the Game _____ During Practice _____ Stretching _____ Running _____
Collision/Contact with another player _____ Slip/Trip _____ Fall/Stumble _____

Was protective equipment worn on the injured body part? YES _____ NO _____ Other (specify) _____

DESCRIPTION OF ACCIDENT PART OF BODY INJURED

Abdoman _____/Ankle (_____ R / _____ L)/ Back _____/Arm (_____ R / _____ L)/ Chest _____/Ear (_____ R / _____ L)/ Face _____/Elbow (_____ R / _____ L)/
Finger _____/Eye (_____ R / _____ L)/ Head _____/Foot (_____ R / _____ L)/Mouth _____/Hand (_____ R / _____ L)/ Nose _____/Knee (_____ R / _____ L)/
Scalp _____/Leg (_____ R / _____ L)/Tooth _____/Wrist (_____ R / _____ L)/Other (specify) _____

IMMEDIATE ACTION TAKEN

Was First Aid treatment required? _____ First Aid Treatment Given: YES _____ NO _____ Sent to Hospital? YES _____ NO _____
Ice Packs _____ Washed out _____ Cleaned and bandaged _____ Other (specify): _____

If yes, who provided First Aid treatment?
Name: _____ Phone #: _____ Email: _____
Who responded to the incident (include all parties – Manager, Coaches, Team Moms, Parents, Paramedics, Police, etc.):

Transported to health care facility for further examination/treatment by: Ambulance _____ Personal Vehicle _____ Friends Vehicle (name) _____

Please provide detailed description of surroundings, facility condition, weather condition, etc:

How did accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing? Specify any equipment involved? Additional space available on back

1. Witness: _____ 2. Witness: _____
Address: _____ Address: _____
Phone #: _____ Phone #: _____
E-Mail: _____ E-Mail: _____
Date: _____ Date: _____

Form Submitted by: _____ Signature & Date: _____
Reviewed by E-Board: _____ Signature & Date: _____

Please attach additional comments / information on back of sheet
To be submitted with every injury/accident. For more forms, please see Safety Manager.
Submit to League Vice President ASAP
Retain a copy for the League Files – recommended that this be retained for 3 years