

**PLAINEDGE GIRLS SOFTBALL ASSOCIATION
ACCIDENT/INCIDENT REPORT FORM**

Date of incident: _____

Time: _____ AM/PM

Location/Field: _____

On Site Manager / Coach: _____

Nature of Event (Softball Game or Softball Practice) _____

Injured person? (circle one) Player Spectator Coach

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____

Male _____ Female _____

Type of injury: _____

Details of incident (Include need for CPR or Defibrillator and include any & witness names with addresses & phone numbers - use back of sheet if necessary):

Parent Present? Yes _____ No _____

Parent Notified? Yes _____ No _____

Paramedics called to scene? Yes _____ No _____

Who contacted fire rescue to scene? _____

Injury requires transport? Yes _____ No _____ *If yes, who provided transport? _____

If yes, name and location of hospital/physician: _____

Person completing this report: Name: _____

Signature: _____

Date: _____