

UPPER SADDLE RIVER BASEBALL ASSOCIATION, INC.

Accident/Injury Report Form

1. NAME OF INJURED PLAYER COACH UMPIRE SPECTATOR (Circle One)

2. Team of Injured Player/Participant/Spectator/Coach: _____
3. Manager of Injured Player/Participant/Spectator/Coach: _____
4. ADDRESS: _____

5. TELEPHONE NUMBER: _____ 6. DATE OF INJURY: _____
7. TIME OF INJURY: _____ 8. PLACE OF INJURY: _____
9. WEATHER CONDITIONS ON DATE OF INJURY: _____
10. WAS INJURY INCURRED IN COURSE OF GAME, PRACTICE OR OTHER
FUNCTION: _____
11. NAMES OF ALL COACHES PRESENT ON FIELD AT TIME OF INJURY:

12. NAME OF ALL COACHES WHO WITNESSED THE SUBJECT INJURY:

13. DESCRIBE BRIEFLY HOW INJURY OCCURRED:

14. DESCRIBE BRIEFLY THE PART OF BODY INJURED: _____
15. DESCRIBE THE TYPE OF INJURY: _____
16. DESCRIBE WHAT ACTION WAS TAKEN BY COACHES ON FIELD:

17. WERE POLICE AND/OR AMBULANCE CALLED? _____
18. WERE INJURED PLAYER'S PARENTS PRESENT: _____
19. WERE ANY STATEMENTS MADE BY INJURED PLAYER'S PARENTS? _____
IF SO, WHAT WAS STATED: _____

Name of Manager Submitting Report _____

Signature of Manager _____

Telephone No. _____