

This form needs to be completed and signed by a coach or manager that is not a relative.

SPRING KLEIN INCIDENT REPORT

Injured Person: Spectator Player Official Coach Other _____

This form needs to be completed and signed for each incident and forward to your coordinator, refer to current year blue book. If more than one person is injured, please complete the information in sections 1, 3, and 4 for each additional injured person on a separate form and forward all forms together.

1. Date of Accident: _____ Time of Accident: _____ AM PM Event Date(s): _____

Number of persons involved: _____ Number of persons injured: _____

Name of injured person: _____
(Last) (First) (Middle)

SS# _____ Date of Birth: _____ Sex: Male Female

Address: _____
(Street) (City) (State) (ZIP)

Phone (Day): _____ Phone (Evening): _____

Disposition: On-site care only Continued to attend/participate in Event? Yes No

Transported to emergency Medical facility? Yes No If yes, by: Ambulance Private Transportation

Name and location of facility: _____

Does the injured person have other medical insurance? Yes No

If yes, name of company: _____

2. Name of Team: _____ Name of League: _____

(As it appears on the certificate of insurance)

City and State Where Event Held: _____

3. If injured person was a participant, complete the following: (check only one per section)

A. Position: Pitcher Catcher Outfielder Infielder Batter/Runner Coach/Umpire

B. Participating injured while: Batting Fielding Pitching Running Sliding Collision

C. If Basepath Collision: Running Run Into Sliding Slid Into Base # _____

D. Fielding Collision: Yes No

E. Injury occurred during: Game Practice/Warm-Up

F. Division: 5 7 9 11 13 Other _____
6 8 10 12 14 _____

Description of incident: _____

4. What part of the injured person's body suffered the most injury? (Circle one)

HAND WRIST FOREARM ELBOW ARM SHOULDER HIP THIGH KNEE LEG ANKLE FOOT
L R L R L R L R L R L R L R L R L R L R L R L R L R L R L R L R L R L R
HEAD FACE EYE NECK CHEST BACK ABDOMEN GROIN OTHER: _____

Description of injury: laceration abrasion contusion fracture dislocation concussion
 sprain/strain unconscious paralysis death

5. Please provide names and phone numbers of any witnesses to the incident.

Witness _____ Daytime phone number _____

Witness _____ Daytime phone number _____

6. Print name of person completing this form: _____ Title: _____

Signature: _____ Telephone number: _____