



LLGSL Incident Report

Use this form to report incidents involving players, spectators and/or umpires when an injury occurs.

Section 1. Date Information:

Date and approximate time of Incident: _____ Report Date: _____

Completed by: _____ Date Submitted: _____

Section 2. Player/Team Information: (Check here if this did not involve a player)

Player Name: _____ Age: _____

Parent(s) Name: _____

Player's Address: _____

Player's Phone: _____ Team & Division: _____

Coach: _____

Was incident the result of a collision involving more than 1 player? **Yes** **No**

If so, list name(s) of other player(s) involved (complete a separate incident for each player involved):

_____	_____
_____	_____

ANSWER THE BELOW FOR ALL PERSONS INVOLVED

Did PRCS complete an incident report?

Yes ___ **No** ___ **Not applicable (not on county site)** ___

Was a police report filed? **Yes** ___ **No** ___

Was an ambulance called? **Yes** ___ **No** ___

If YES, was the person transported by ambulance? **Yes** ___ **No** ___

If the person was not transported by ambulance, who refused?

Person ___ **Parent** ___ **Both** ___

Was medical assistance refused? **Yes** ___ **No** ___

If refused, was it refused by the player, the player's parent, or both?

Person ___ **Parent** ___ **Both** ___

Did the incident involve spectator(s)? **Yes** ___ **No** ___

(If YES, complete Section 4 of this form)

How did the person leave the field/area? **Own transportation** ___ **Other** ___

Did the incident involve an Umpire? **Yes** ___ **No** ___

(If YES, ensure umpire completes an Umpire Incident form)

Was protective gear in use? **Yes** ___ **No** ___

If YES, list gear used: _____

Provide the contact information for any witnesses to the incident:

Name:	Name:
Address:	Address:
Phone:	Phone:

Section 3. Description of Incident:

Please enter a description of the incident. If more space is needed, attach additional sheets and enter the number of additional pages here: ___

Stick to facts only—provide as much detail as possible: WHO, WHAT, WHEN, WHERE, HOW.

Section 4. Complete when a spectator is involved:

Name of Spectator Involved:
Address:
Phone:

Is the spectator a minor? **Yes** ___ **No** ___

If YES, provide contact information for the minor’s parent(s) or guardian(s):

Name of Parent:
Address:
Phone:

PERSON COMPLETING FORM:

Be sure to provide as much information as possible. Use additional sheets, if necessary.

Injured players may be informed that the league does carry insurance, but it is **secondary** to any insurance they have.

Send the file to the league president within 2 days of incident.