



INCIDENT REPORT

Complete this form and submit it immediately to the Santa Monica Girls Fastpitch (SMGF) Safety Director for all incidents (e.g., player injuries, accidents in parking lots, unruly behavior, physical or verbal confrontation between coaches, players, or spectators, confrontations directed at umpires or league officials, etc).

Name of Person Completing Report _____ Position _____

Street Address _____

City, State, Zip _____

Home Phone (____) _____ Day Phone (____) _____ Email _____

LOCATION OF INCIDENT

Date of Incident _____ Time: _____ AM / PM Type of Incident: Bodily Injury Property Damage Behavioral Other Event _____

Location Address _____

Specific Location (field, bleachers, parking lot, etc) _____

BODILY INJURY REPORT

Name of Injured Person _____ Birthdate _____ Sex: F or M

Street Address _____

City, State, Zip _____

Home Phone (____) _____ Day Phone (____) _____ Email _____

Describe Injury _____: Participant Spectator Umpire Other

Brief Summary of Incident (provide facts only):

Did injured person make any Statement? YES or NO If YES, please describe what was said below:

Was first aid administered? YES or NO If YES, by whom (name and position): _____

Describe first aid given: _____

Were Paramedics called? YES or NO Paramedic Service Offered: Accepted or Refused

Were Police called? YES or NO Police Dept _____ Officer _____

Were Parents/Guardian/Relatives notified? YES or NO

By Whom _____ Notifier's Day Phone (____) _____

Name of Parent/Relative Contacted _____ Relationship to Injured Person _____
Parent/Relative's Home Phone (_____) _____ Day Phone (_____) _____ Email _____

PROPERTY DAMAGE REPORT

Name of Property Owner _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ Day Phone (_____) _____ Email _____

Describe property damage _____

Summarize how damage occurred (provide facts only):

Estimated Cost of Repair \$ _____ Estimates Attached? YES NO

BEHAVIORAL INCIDENT REPORT

Name of Person (s) Involved _____

Brief Summary of Incident (provide facts only):

Were Police called? YES or NO Police Dept _____ Officer _____

COMPLETE WITNESS INFORMATION

Name of Witness _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ Day Phone (_____) _____ Email _____

Relationship of Witness to Involved Party? YES or NO If YES, describe the relationship: _____

League Official Umpire Participant Spectator Other _____

Did Witness make a Statement? YES or NO If YES, describe what was said below:

Submit to:
SMGF
P.O. Box 3612
Santa Monica, CA 90408
Attn: Safety Director