



# Medical Incident Report

Stoughton Area Little League

Name of Victim: \_\_\_\_\_

Name of Incident Report Filer: \_\_\_\_\_

Phone of Incident Report Filer: \_\_\_\_\_

Address of Incident Report Filer: \_\_\_\_\_

Field of Incident: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Description of Incident (use back of form for additional space):

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Suspected Injuries: \_\_\_\_\_

Victim Status (circle one):    Sent Home                      Sent to Hospital

Names of Care Givers at Incident:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact SALL Safety Director **and** submit form within 24 hours of incident to:

Gary Wheeler  
716 Valley View Drive  
Stoughton, WI 53589  
Phone: (608) 205-1940  
Email: [GWheels96@gmail.com](mailto:GWheels96@gmail.com)