FAUQUIER BABE RUTH
Accident Report

Fauquier Babe Ruth has insurance through Babe Ruth Headquarters. This is to be used as a secondary insurance only. You should give the Doctor's office or Hospital your primary insurance information and one of the consent forms you filled out for your coach at the beginning of the season.

Please complete this form in its entirety and mail to FBR President, P. O. Box 1280, Warrenton, VA 20188. This information is very important and should be mailed within 72 hours of the accident date whether you see a doctor on not. This information is kept in confidence and isn't shared with anyone except K & K Insurance. You will be responsible for seeking or filing any and all medical reimbursements forms. If you should have any questions you may contact John at (540) 439-1744.

Player's Name_____ Date of Birth_____

Address_____

Parent's Name_____ Phone Number_____

Primary Insurance_____ Policy Number_____

Coach's Name_____ Team Name_____

BASEBALL / SOFTBALL

(Please check one.)

- ☐ Major Cal Ripken
- ☐ Minor Cal Ripken
- ☐ 13-15 League
- ☐ 13 Prep League
- ☐ 16-18 League
- ☐ 16 Prep League
- ☐ Major 12 & Under
- ☐ Minor 12 & Under
- ☐ 16 & Under League
- ☐ 18 & Under League

CLAIMANT IS A:

(Please check one.)

- ☐ Player
- ☐ Coach
- ☐ Manager
- ☐ Non-Player Personnel
- ☐ Umpire

ABSENCE FROM PLAY

(Please check one.)

- ☐ Pre-Season
- ☐ Regular Season
- ☐ Tournament
- ☐ < One Week
- ☐ 1-3 Weeks
- ☐ 3+ Weeks

Injured Person's Full Name_____ Date of Birth _____

Claimant's Social Security Number _____

Date/Hour of Accident _____ Time _____ A.M. P.M. Place Injury Occurred _____

INJURY:
INJURED BODY PART_____
CONDITION_____
(Laceration, Concussion, Fracture, Sprain, etc.)

SIDE:
- ☐ Left
- ☐ Right
- ☐ Both
- ☐ N/A

TIME:
- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Lights

DISPOSITION:
- ☐ On-Site Care Only
- ☐ Ambulance to_____
- _____
- City_____
- ☐ Fatality ☐ Refused Care

OCCASION:
- ☐ TO/FROM GAME
- ☐ WARMUPS
- ☐ DURING GAME (_____ Inning)
- ☐ BETWEEN INNINGS
- ☐ TO/FROM PRACTICE
- ☐ PRACTICE: (Early) (Mid) (Late)
- ☐ PRACTICE GAME CONDITIONS
- ☐ OTHER:

LOCATION:
- ☐ BASE: (1st) (2nd) (3rd) (HP)
- ☐ BASEPATH
- ☐ INFIELD
- ☐ OUTFIELD
- ☐ FOUL TERRITORY
- ☐ DUGOUT
- ☐ BULL PEN
- ☐ LOCKER ROOM
- ☐ OTHER:

ACTIVITY:
- ☐ BATTING
- ☐ RUNNING
- ☐ SLIDING
- ☐ CATCHING
- ☐ FIELDING
- ☐ TAGGING
- ☐ THROWING
- ☐ PITCHING
- ☐ OTHER:

SITUATION:
- ☐ HIT BY (Pitch) (Bat) (Foul) (Thrown Ball) (Batted Ball)
  Other_____
- ☐ COLLISION WITH: (Teammate) (Opponent) (Fence)
  Other_____
- ☐ NON-CONTACT INJURY
- ☐ FALL (Slip) (Trip) (Pushed)
- ☐ OTHER_____

DESCRIBE HOW ACCIDENT HAPPENED: