

**WESTPORT LITTLE LEAGUE BASEBALL & SOFTBALL**  
**ACCIDENT/INJURY REPORT FORM**

Report all significant incidents, especially where assistance is rendered. Turn the completed form in to the appropriate League Commissioner within 24 Hours of the incident.

**Name of injured:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**League:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

**Manager's Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Manager's E-mail:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**How did incident occur?** \_\_\_\_\_

**Describe the nature of the injury and the body parts affected:** \_\_\_\_\_

**What care was provided?** \_\_\_\_\_

**Attended by:** \_\_\_\_\_

**Was anyone including the attendant exposed to bodily fluids? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Was the family notified? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Who was notified?** \_\_\_\_\_

**PLEASE FILL OUT THE BELOW IF A SERIOUS INJURY OCCURRED:**

**Emergency Services called? (check all that apply):**

\_\_\_\_ 911; \_\_\_\_ Ambulance; \_\_\_\_ Police; \_\_\_\_ Fire; \_\_\_\_; Other (Name) \_\_\_\_\_

**Where taken? Name of hospital:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Witnesses: Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Report prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*For office use only: Insurance Company notified? Date:* \_\_\_\_\_ *By:* \_\_\_\_\_