

## Madison Travel Baseball ACCIDENT REPORT

Date of Accident \_\_\_\_\_ Time: \_\_\_\_\_

Name of Area (where accident occurred) \_\_\_\_\_

Name of injured person \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone \_\_\_\_\_

Sex: Male Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

State exact nature of injury and a complete description of how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

Answer the following:

1. Was the person given First Aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Was the person sent to a doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, where? \_\_\_\_\_

3. Was an Ambulance summoned? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, time dispatched \_\_\_\_\_

4. Was the person sent to the clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Were the parents or wife/husband notified? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If not, why not \_\_\_\_\_

6. Did the Manager/Coach witness the accident? \_\_\_\_\_ Yes \_\_\_\_\_ no

Name of Witness \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

A COPY OF THIS REPORT MUST BE SUBMITTED TO MADISON TRAVEL BASEBALL COMMISSIONER & PRESIDENT WITHIN 24 HOURS OF THE ACCIDENT.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_