

# Incident Report Form



**TOURNAMENT or LEAGUE Name:** \_\_\_\_\_

**PARK:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**Name of NSA/BPA Official at site:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**NAME of INJURED:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Player:** \_\_\_\_\_ **Spectator :** \_\_\_\_\_

**PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Coach:** \_\_\_\_\_ **Umpire:** \_\_\_\_\_

**TEAM NAME or UMPIRE:** \_\_\_\_\_ **AGE GROUP:** \_\_\_\_\_

**SANCTION NUMBER:** \_\_\_\_\_ **Fastpitch:** \_\_\_\_\_ **Slow Pitch:** \_\_\_\_\_ **BPA:** \_\_\_\_\_

**TEAM Insurance CO:** \_\_\_\_\_ (Submit a copy of the Team Insurance Certificate with this form.)

**Date of Injury:** \_\_\_\_\_ **Approximate TIME:** \_\_\_\_\_ **AM or PM** \_\_\_\_\_ **Under Lights:** \_\_\_\_\_

**Part of Body Injured:** \_\_\_\_\_ **Left Side:** \_\_\_\_\_ **Rt Side:** \_\_\_\_\_ **Both:** \_\_\_\_\_ **N/A:** \_\_\_\_\_

**Condition** (Laceration, Concussion, Sprain, Fracture, etc) : \_\_\_\_\_

**Disposition:** **On Site Care ONLY:** \_\_\_\_\_ **Returned to PLAY:** \_\_\_\_\_ **or Ambulance to:** \_\_\_\_\_

**Estimated Absence from Playing:** **Unknown:** \_\_\_\_\_ **1-7 Days:** \_\_\_\_\_ **7 -21 Days:** \_\_\_\_\_ **3+ Weeks:** \_\_\_\_\_ **Season Ending:** \_\_\_\_\_

**Describe how Accident Happened:** \_\_\_\_\_

| OCCASION:                                |   |
|--|---|
| <input type="checkbox"/> To/From Game    | <input type="checkbox"/> To/From Practice |
| <input type="checkbox"/> Warm-Up         | <input type="checkbox"/> During Practice  |
| <input type="checkbox"/> Between Innings | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> During Game     | _____                                     |
| <input type="checkbox"/> ( _____ Inning) | _____                                     |

| LOCATION:  |
|--|
| <input type="checkbox"/> BASE (1st) (2nd) (3rd) (HP) |
| <input type="checkbox"/> Basepath _____              |
| <input type="checkbox"/> Infield                     |
| <input type="checkbox"/> Outfield                    |
| <input type="checkbox"/> Foul Territory              |
| <input type="checkbox"/> Dugout                      |
| <input type="checkbox"/> Bullpen                     |
| <input type="checkbox"/> Bleachers/Seating           |
| <input type="checkbox"/> Locker Room                 |
| <input type="checkbox"/> Other: _____                |

| ACTIVITY:  |
|--|
| <input type="checkbox"/> Batting                 |
| <input type="checkbox"/> Running                 |
| <input type="checkbox"/> Sliding                 |
| <input type="checkbox"/> Catching                |
| <input type="checkbox"/> Fielding                |
| <input type="checkbox"/> Tagging                 |
| <input type="checkbox"/> Throwing                |
| <input type="checkbox"/> Stretching/Conditioning |
| <input type="checkbox"/> Horseplay               |
| <input type="checkbox"/> Other: _____            |

| GENERAL AREA on FIELD:                       |  |
|--|--|
| <input type="checkbox"/> Left Side of Field  | <input type="checkbox"/> Behind Home Plate |
| <input type="checkbox"/> Right Side of Field | <input type="checkbox"/> Beyond Outfield   |
| <input type="checkbox"/> Center Field        | <input type="checkbox"/> NOT ON FIELD      |

| SITUATION:                                    |   |
|---|---|
| <input type="checkbox"/> Hit by - Pitch       | <input type="checkbox"/> Collision - Teammate |
| <input type="checkbox"/> Hit by - Thrown Ball | <input type="checkbox"/> Collision - Opponent |
| <input type="checkbox"/> Hit by - Bat         | <input type="checkbox"/> Collision - Wall     |
| <input type="checkbox"/> Hit by - Batted Ball | <input type="checkbox"/> Collision - Public   |
| <input type="checkbox"/> NON CONTACT INJURY   | <input type="checkbox"/> Fall - Slipped       |
| <input type="checkbox"/> Fall - Tripped       | <input type="checkbox"/> Fall - Pushed        |
| <input type="checkbox"/> Other:               | _____   |

| SURFACE INVOLVED:   |
|---|
| <input type="checkbox"/> Grass  |
| <input type="checkbox"/> Dirt <span style="margin-left: 100px;">Other: _____</span> |
| <input type="checkbox"/> Turf _____   |
| <input type="checkbox"/> Brick _____  |
| <input type="checkbox"/> Wood _____   |
| <input type="checkbox"/> Metal _____  |

| SPECIAL CIRCUMSTANCES:                                 |
|--|
| <input type="checkbox"/> Not Applicable                |
| <input type="checkbox"/> Despite Protective Equipment  |
| <input type="checkbox"/> Protective Equipment not worn |
| <input type="checkbox"/> Rule Infraction by:           |
| Injured _____ or _____                                 |
| Other _____  |
| <input type="checkbox"/> Facility Related (Explain)    |

**PLATE UMPIRE NAME:** \_\_\_\_\_ **BASE UMPIRE NAME:** \_\_\_\_\_

**Signature of NSA/BPA Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** of NSA/BPA League Official: \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE** of NSA/BPA League Official: \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

NSA/BPA League Official Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SEND COPY of This REPORT/TEAM INSURANCE/SIGNED NSA or BPA ROSTER to WESTPOINT INSURANCE**

Send to: **Westpoint Insurance Group 5920 W. 111th Street Chicago, IL 60415 Fax: 708-636-3915** Updated 01/19