

ROUND ROCK SERTOMA GIRLS SOFTBALL

ACCIDENT/INCIDENT REPORT

ALL accidents and incidents (including acts of vandalism) involving league vehicles, mobile equipment, and all other property damage or loss, must be promptly reported to a League Board member. ALL motor vehicle accidents and vandalism involving league property must also be reported to the police. All sections of this report must be completed as applicable and returned to a League Board member.

Involved Party 1	Name _____ Team _____
	Home Address (include City & Zip) _____
	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Alt. Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Involved Party 2	Name _____
	Home Address (include City & Zip) _____
	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile Alt. Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Insurance	Insurance Company _____
	Address (include City & Zip) _____
	Phone _____ Policy Number _____ Policy Expiration Date _____
Incident Type	Date of Incident _____ Date of Report _____
	Location of Incident _____
	Could this incident have been prevented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Injury <input type="checkbox"/> Coach Misconduct <input type="checkbox"/> Umpire Misconduct <input type="checkbox"/> Other Property Damage <input type="checkbox"/> Ejection <input type="checkbox"/> Parent Misconduct <input type="checkbox"/> City Property Damage <input type="checkbox"/> League Property Damage <input type="checkbox"/> Board Member Misconduct <input type="checkbox"/> Player Misconduct If Other, specify _____
Injury	Type of Injury _____
	Was medical attention provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide doctor's report/statement
	Was a claim filed with league insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Was appropriate equipment worn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Damage	Are medical receipts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of Damage _____
Additional Comments	Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Police report number _____

Completed By: _____

Board Member: _____