



Incident Report

Program/League _____ Incident Date/Time _____ Site _____

Reported by _____ Signature _____ Date _____

Date Report Received by Program Coordinator _____ Umpire _____

Names and Positions of Parties Involved

Description of Incident (in detail; facts only. Include who/what/where/how, etc):

Please indicate if any medical attention was required:

Injury Report Filed Yes No

Witness 1 Name _____ Signature _____ Date _____

Witness 1 Address _____ Phone _____

Witness 2 Name _____ Signature _____ Date _____

Witness 2 Address _____ Phone _____

Date Report given to Program Coordinator: _____

Board Action Taken
