



# AP BASEBALL INCIDENT REPORT

(PLEASE PRINT)

<b>NATURE</b>	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER: _____	
<b>TIME &amp; PLACE OF INCIDENT</b>	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY (Director Name): _____ LOCATION: _____	
<b>HAPPENED TO</b>	NAME: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female    PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: (____) _____ EMAIL: _____ TREATMENT OF INJURY AT SCENE: _____	
<b>FUNCTION</b>	AS: <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SPECTATOR <input type="checkbox"/> BYSTANDER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER: _____	
<b>APPARENT INJURY</b>	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY	
<b>APPARENT PROPERTY DAMAGE</b>	_____ _____ _____	
<b>OCCASION</b>	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____	
<b>INCIDENT DESCRIPTION</b> (Attach photos)	DESCRIBE WHAT HAPPENED: _____ _____ _____	
<b>WITNESSES</b> (Attach witness statements)	NAME: _____ ADDRESS: _____ _____ PHONE: (____) _____ EMAIL: _____	NAME: _____ ADDRESS: _____ _____ PHONE: (____) _____ EMAIL: _____
<b>PARK DIRECTOR   COACH   OFFICIAL   TEAM OR LEAGUE REP</b>	NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____	

**COMPLETE ALL SECTIONS, KEEP COPY FOR YOUR RECORDS,  
AND EMAIL IMMEDIATELY TO:  
EMAIL: [travis@impact-sports.net](mailto:travis@impact-sports.net)**