

Incident Report
Somerset Berkley Softball League

General Information

Date of Incident: _____ Time of Incident: _____

Location / Field: _____ Team / Division: _____

Coach Completing Report: _____ Phone / Email: _____

1. Individual(s) Involved:

Name (First, Last)	Role (Player/Coach/Umpire/Spectator)	Age (if minor)	Contact Information

2. Description of Incident:

Provide a clear, factual summary of what occurred. Include events leading up to the incident, what happened, and immediate actions taken:

3. Type of Incident (Check all that apply)

Injury

Illness

Behavioral Issue

Equipment / Facility Issue

Weather-Related

Other: _____

4. Details of injury (If Applicable)

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Type of Injury: _____

Body Part Affected: _____

First Aid Provided: Yes No

Provided By: _____

EMS Called: Yes No

Transported to Medical Facility: Yes No

If yes, where: _____

5. Witnesses:

Name	Contact Information	Statement Taken (Yes/No)

6. Corrective Actions Taken

Describe any immediate steps taken to address the situation and any recommended follow-up actions.

7. Additional Notes

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8. Signatures

Coach / Reporter Signature: _____

Date: _____

League Official Review: _____

Date: _____