

ACCIDENT REPORT

USA Softball of Central Cal

Phone: Tom Dowd 559-281-1622

FACILITY _____ LOCATION _____ TYPE OF EVENT _____

DATE OF INCIDENT _____ TIME _____ TEAM NAME: _____

INJURED NAME _____ AGE _____ PHONE _____

ADDRESS OF INJURED _____

WHAT WAS INJURED INDIVIDUAL DOING WHEN HURT? _____

HOW WAS INJURED INDIVIDUAL HURT? _____

EXTENT OF INJURY (specific description of incident including area of the body affected)

ACTION TAKEN BY TRNY DIRECTOR _____

HOW AND WHERE WAS INJURED INDIVIDUAL TAKEN AFTER ACCIDENT _____

IF BY AMBULANCE, PERSON REQUESTING IT: NAME _____

ADDRESS _____ PHONE _____

PARENT NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

WITNESS NAME ADDRESS PHONE

Trny Directors Signature _____ Date _____

Date Received at USA _____ Rec'd By _____

IN THE EVENT OF A SERIOUS ACCIDENT REQUIRING MEDICAL ATTENTION, CONTACT TOM DOWD at 559-281-1622 or Assoc Office at 805-466-8505. Mail form to PO Box 625, Clovis, CA 93613-0625

Please give one copy to Tom Dowd, one copy to site/city contact and one copy to the Trny Director