Greater Canton Youth Baseball and Softball Association INCIDENT REPORT FORM

Note: Use this form to report any injury, property damage or any incident which has the potential to cause injury or damage.

If there is a serious injury, call 911 immediately.

Location: (be very specific)				Tiı	me of incident:	
Date of incident:		Name of Team/League:				
Outside Temperature:		Genera	l Weather Co	nditions: (clo	udy, rainy, hot, humid, etc.)	
PERSONAL INJURY (check as appropriate)			Guest 🗆	Employ	ee 🗆	
Name						
Street Address						
City	State		Zip			
Phone Number	Birth date		Male □	Female		
Name of Parent Contacted (if under 18)			Time Parent was Contacted			
Nature of injury						
INCIDENT (check as appropriate)	Property Dama	age 🗆	Other 🗆			
Nature of incident: (accident with vehicle, fight, drinking, etc.)						
Describe in detail how the injury/incident occurred: (attach any supporting detail)						
				<u> </u>		
				-		

Please see reverse side for additional information required to complete this report.

Medical Assistance Provided:			
Refusal of Medical Assistance by EMS	or other: (signature required)		
Name of Fire Personnel Responding:	Fire Incider	Fire Incident #:	
Hospital Transported to:			
Name of Police Personnel Responding	Police Incid	Police Incident #:	
	WITNESSES		
Name	Address	Phone	
ditional comments if necessary:			
5			
eport completed by:			
Received by Program Coordinator or Cor Signature Please submit within 24 hours of occurre	nmissioner Date		