CSLL ACCIDENT / INCIDENT REPORT FORM

TEAM & PLAYER INFORMATION	
PLAYER	**TEAM**
NAME:	**NAME (& Division):**
ADDRESS:	**MANAGER:**
PHONE:	**PHONE:**

ACCIDENT / INCIDENT INFORMATION	
DATE:	**TIME:**
LOCATION:	**EVENT:** (GAME) (PRACTICE) (OTHER)

DETAILS OF ACCIDENT / INCIDENT

(Consider the following: ***Struck by, Collided with, Tripped, Fell, Over-exertion***, *and any* ***Unsafe Conditions*** *or* ***Unsafe Acts*** in providing your statement of what happened)

TREATMENT: (None Required) (First Aid @ Field) (to Hospital) (to Doctor)

WITNESS / OBSERVER

Name:

Phone:

Address:

INSTRUCTIONS: This form is for Central Springfield Little League (CSLL) purposes only to record all accidents. Complete this form (hard-copy or email) and submit within 24-hours to the CSLL Safety Officer listed below, or *ANY* CSLL Board Member.

CSLL SAFETY OFFICER: Jeanne Igo
CSLL PRESIDENT: Brian Davenport
CSLL Executive Vice President: Phil Grone

Person Receiving Report:	Date/Time of Receipt: