

# Silicon Valley Girls Softball League Incident/Injury Tracking Report

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Field Location: \_\_\_\_\_

Injured Person: \_\_\_\_\_

If not a Registered Player:  not applicable      Date of Birth: \_\_\_\_\_      Gender:  M  F

Address: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

**Incident occurred while participating in:**

Tryout      Practice      Game      Tournament      Special Event      Travel to/from

Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:** \_\_\_\_\_

Player      Umpire      Coach/Manager      Spectator      Volunteer

**Describe injury:** \_\_\_\_\_

\_\_\_\_\_

**Was first aid required?** Yes    No    If yes, what: \_\_\_\_\_

**Was professional medical treatment required?** Yes    No    If yes, what: \_\_\_\_\_

\_\_\_\_\_

**Describe the incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How could this accident have been avoided?** \_\_\_\_\_

\_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone (    ) \_\_\_\_\_