INCIDENT/INJURY REPORT FORM

Date of Report:_____

Persons Involved:

Name:_____

Address:_____

_____

Tel.: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Provide a detailed description of the incident:

_____
_____
_____
_____
_____
_____
_____
_____

Provide a preliminary estimate of the extent of any injury:

_____
_____
_____

Location and contact phone number of medical facility where person was transported:

_____
_____

Name of Injured Person(s)' Manager:

Name:_____ Tel.: _____

Colchester Baseball League Representative contacted (should be one of the following: Commissioner, League President, Director of Safety, or League Safety Officer): _____

_____

Date CBL Representative contacted:_____

Person Reporting Incident:

Name: _____

Address: _____

_____

Tel.: _____