

Torrance Girls Softball League

Accident Report

Injured Person	Name: _____ Age: _____ Sex: _____ Address: _____ Telephone: _____ Parent or Guardian name: _____ Was parent or guardian notified: <input type="checkbox"/> Yes <input type="checkbox"/> No (if minor) _____									
Exact Location	Name of field: _____ Draw map on reverse, if needed Where on field: _____ _____ _____									
Description of Accident	Describe how accident occurred. Include any unsafe conditions, use of equipment, or other items; and any statements made by the injured party. (use the back of this form if needed): _____ _____ _____									
Witnesses	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Name: _____</td> <td style="width: 33%;">Address: _____</td> <td style="width: 33%;">Phone: _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name: _____	Address: _____	Phone: _____	_____	_____	_____	_____	_____	_____
Name: _____	Address: _____	Phone: _____								
_____	_____	_____								
_____	_____	_____								
Possible Injury	<input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Dislocation <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Right <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Upper <input type="checkbox"/> Head <input type="checkbox"/> Other _____ <input type="checkbox"/> Left <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Lower <input type="checkbox"/> Back									
Treatment (Rescue)	Treated by: _____ Describe treatment and injured party's status: _____ _____ 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____									
Conditions	Provide weather conditions or other factors that would help explain the environment in which the accident happened: _____ _____ _____									
Comments	_____ _____ _____									
Pictures Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____ Date/Time: _____									

Person preparing report (print): _____ Signature: _____

Date of report: _____ Reviewed by: _____ Review date: _____

In case of serious injury, call 911 and notify the Player Agent immediately. This report is to be submitted to the Player Agent as soon as possible. If additional information is necessary, or if 911 was called, also complete a League Insurance Form and submit it with this accident form. Remember: ONLY PROVIDE TREATMENT YOU ARE QUALIFIED TO PROVIDE