

West Valley Girls Softball

Accident Report

Appendix 'H'

Injured Person	Name: _____ Age: _____ Sex: _____ Address: _____ Telephone: _____ Name of Parent/Guardian (if minor): _____ • Was parent/guardian notified? Yes No Time of call or attempted call: _____	
Exact Location	Name of Field: _____ Where on Field: _____	Draw map on reverse side if needed.
Description of Accident	Describe how accident occurred. Include any unsafe conditions, use of tools or other similar items and any statements made by injured party (use the back of this form if more room is needed). _____ _____	
Possible Injury & Location	___ Fracture ___ Sprain ___ Dislocation ___ Other (explain): _____ ___ Right ___ Left ___ Thigh ___ Calf ___ Knee ___ Ankle ___ Foot ___ Hand ___ Wrist ___ Forearm ___ Upper Arm ___ Shoulder ___ Head ___ Back ___ Other (indicate): _____	
Treatment (rescue)	Treated by: _____ Describe treatment and injured person's status: _____ 911 called? Yes No By Whom? _____ Time of Call: _____	
Destination or Transport	___ Home ___ Hospital ___ Returned to Activities ___ Other (state): _____ Departure Via: ___ Ambulance ___ Other Vehicle Time: _____ By Whom: _____	
Conditions	Provide weather conditions or other factors which would help explain the environment in which the accident happened: _____	
Mgr./Coach Comments	_____ _____	
Pictures Taken	___ Yes ___ No By Whom? _____ Date/Time: _____	

Person Preparing Report (please print): _____ Signature: _____

Date of Report: _____ Reviewed by: _____ Date: _____

This report is to be submitted to the Division Coordinator or any WVGS Board Member within 48 hours of the accident. Use the back of this form if additional space is required. Complete all sections of this report and enter N/A for any sections that are not applicable.