Farmingdale Baseball League

Incident Report

(to be submitted to League Secretary within 24 hours after accident)

Date of Occurrence: ___/___/_____ Time of Occurrence: _____:_____ AM or PM___

Location of Occurrence: _____

Name of Injured Party: _____

Address of Injured Party: _____

_____

Is Injured Party Player? _____Manage/Coach? _____ Bystander? _____ Umpire? _____ ____

If party is a player: Date of Birth: ___/___/___ Age: _____ Sex: _____ League: _____

Was Parent of Guardian Present? ___ If no, were they notified? ___ Were they called? _____

Parents' Names:_____

Team Name: _____ Managers' Name: _____

Name of Manager or coach present: _____

Did injury occur during a practice___ Scrimmage? ___ Game? ___ Other? _____

If injury occurred during a game:

Was game on original schedule? _____ or Rescheduled? ___ If yes, from when? _____

Opposing Team: _____ Name of opposing Manager/Coach Present: _____

Umpire's Name: _____ Association: _____ Number: _____

WAS INJURED PARTY REATED AT SIGHT OF OCCURRENCE ? _____

IF YES,BY WHOM ? _____ Affiliation:_____

IF YES, HOW ? _____

Was injured party transported home or to a hospital? _____

If Yes, to where and by whom? _____

Were Police present? _____ If Yes, Officer's Name: _____ Police Dept: _____ Shield No.:_____

Name and addresses of any witnesses:

_____ _____

_____ _____

Were insurance claim forms supplied to injured party or parents? _____ To Whom? _____

DESCRIPTION OF INCIDENT AND INJURY: _____

_____ _____

_____ _____

Submitted by: _____ ___/ ____/____

Signature Print Name Date

FOR FBLI USE ONLY:

report no: _____ Date received: ___/___/___ Received from:_____

Received by: _____ Insurance forms supplied to injured party: ___/___/___ Received by League ___/___/___

Incident report forwarded to insurance company by:_____ Date: ___/___/___