

Lincolnwood Baseball Association

ACCIDENT REPORT

Please print all information and return form to the League Director within 24 hours of the Accident.

1. Date of Accident: _____
2. Program accident occurred at: _____
3. Name of person completing form: _____
4. Name of injured: _____
5. Age of injured: _____ Date of birth: _____ Grade (if youth): _____
6. Address of injured:

7. Phone number of injured: _____
8. Name of parent/guardian, if under 18 years: _____
9. Phone number of parent/guardian: _____
10. Name of instructor/supervisor at site of accident: _____
11. Names/addresses/phone # of witnesses:
 - a. _____ b. _____ c. _____
Name Address/City Phone
 - a. _____ b. _____ c. _____
Name Address/City Phone
12. How did accident happen? (Describe in detail.)

13. Extent of injury: (Describe in detail.)

Parent Signature

Date