

Syosset Baseball Association
Manager/Coach Report
Accident Report

Operations/Team details:

Day/Date/Time of Incident: _____ **Field Conditions:** _____

Team Name: _____ **Division:** _____

Manager Name: _____ **Field:** _____

Player details:

Name of Injured: _____ **Age of Injured:** _____

Home Address: _____ **Town:** _____

Telephone Number of Injured: _____ **Parents:** _____

Accident details:

Minor

Major

Player Contact:

Player Collision:

Other Condition:

Thrown Ball

Pitched ball

Batted Ball

Bat

Teammate

Base runner

Catcher

Other Player

Fence/Backstop

Tripped (field)

Hard Slide

Other Means

If other – please describe:

Triage Details:

Treated at scene Ice

Treated at scene Band Aid

Treated at scene Rest

Treated at scene O.O.G.

Treated at scene N.T.N.

Left Game with family (home)

Left Game with family (Doctor)

Left Game via EMS Provider*

***NCPD** **SVFD**

DECLINED TREATMENT

SYOSSET BASEBALL ASSOCIATION – ACCIDENT/INCIDENT REPORT FORM
Ver2.0

Accident Narrative:

The team Manager or Coach provides the following description of what occurred in detail:

Team Manager/Coach Printed Name:

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Signature of Manager/Coach and date:

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