

KAPRB
PO BOX 308
KENNETT SQUARE, PA 19348
610-444-6314
www.kaprb.com

SOFTBALL ACCIDENT REPORT

Name of injured: _____ SS#: _____ DOB: _____ Age: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Team Name: _____ Activity: _____

Location where incident occurred: _____

Date and Time of Injury: _____ am/pm Weather conditions: _____

Describe the injury and part of the body affected: _____

Describe how the injury occurred: _____

Was first aid administered? Yes _____ No _____ By whom? _____

If you answered yes, describe the extent of first aid: _____

Was injured person taken home or to the hospital? _____ Name of hospital: _____

Witnesses:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Signature of injured person (if obtainable): _____

Print name: _____ Date: _____

Reported by: _____ Title: _____ Date: _____

Follow-up: _____

By whom: _____

Condition of injured person: _____

Insurance Company: _____ Policy #: _____

Condition verified by: _____ Relationship: _____

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INSTRUCTIONS TO COORDINATOR / MANAGER:

1. Do not move victim, unless such movement will dismiss impending death. No movement, i.e. back and spinal injury, head injury and cardiac arrest should occur. If a player is down on the playing field, all play must be suspended until such time Emergency Medical Service arrive and take over.
2. For all situations beyond #1 (Such as ankle, knee, broken bones, heart attack, etc.), player should be placed in a non-traffic location in the most comfortable position for them. Protection of the injured part should be a priority. They must be attended until such time as Emergency Medical Service arrives.
3. If injured player leaves grounds without Emergency Medical Service, attempt to have the injured party sign form.
4. You are asked to report all severe accidents as soon as possible by taking one of the following steps:
 - a) Contact the Softball Coordinator when you arrive home if not present at the field
 - b) Call the KAPRB Recreation Coordinator when you arrive home @ 610-444-6314.
5. Player's manager and/or parents should be asked to contact KAPRB within 48 hours and report on the player's condition.