

SLO-PITCH ONTARIO ASSOCIATION / PLAY SLO-PITCH

Incident Report

For Use By Umpires, League Directors and Tournament Directors For Reporting Purposes Only.

Complete this Form in full and email to spoa@playslopitch.com to report an Incident in which an injury may have occurred.

➔ GAME INFORMATION

<input type="checkbox"/> League Game <input type="checkbox"/> Tournament Game		League / Tournament Name:			
Month:	Day:	Year:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Division of Play:
Complex / Park:			Diamond:	City:	

➔ LEAGUE or TOURNAMENT DIRECTOR INFORMATION

<input type="checkbox"/> League Director <input type="checkbox"/> Tournament Director		Name:			
Street Address:		City:		Postal Code:	
Phone:		Email:			

➔ UMPIRE INFORMATION

Plate Umpire:		Softball Ontario Registration Number:			
Phone:		Email:			
Base Umpire:		Softball Ontario Registration Number:			
Phone:		Email:			

➔ TEAM INFORMATION

Home Team:		Team Contact's Name:			
City:		Phone:			
Away Team:		Team Contact's Name:			
City:		Phone:			

➔ FIELD CONDITIONS

Infield:		Outfield:		Bases:	
Inning Incident Occurred:			Weather:		

➔ DESCRIPTION OF INCIDENT

DID AN INJURY APPEAR TO OCCUR AS A RESULT OF THE INCIDENT? YES NO

(Form Continues...)

➔ PERSONAL INFORMATION OF INJURED PERSON

Name:		Email:	
Street Address:		City:	Postal Code:
Phone:		Date of Birth (MM/DD/YYYY):	
Eyeglasses Worn: <input type="checkbox"/> Yes	Contact Lenses Worn: <input type="checkbox"/> Yes	Protective Equipment Worn: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Playing at Time of Incident:		Team Name:	

➔ DESCRIPTION OF INJURY

Did Injured Person Leave The Game Immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injured Person Return To The Game: <input type="checkbox"/> Yes <input type="checkbox"/> No
Was An Ambulance / Paramedics Called: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Injured Person Taken To Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No

➔ WITNESS INFORMATION

Name:	Phone:
Street Address, City, Postal Code:	
How Were They Involved:	Witness Statement Provided: <input type="checkbox"/> Yes, Sent Separately <input type="checkbox"/> No

Name:	Phone:
Street Address, City, Postal Code:	
How Were They Involved:	Witness Statement Provided: <input type="checkbox"/> Yes, Sent Separately <input type="checkbox"/> No

➔ REPORTING INFORMATION

Report Being Submitted By:	As: <input type="checkbox"/> Umpire <input type="checkbox"/> League Director <input type="checkbox"/> Tournament Director <input type="checkbox"/> Other	
Street Address:	City: <input type="text"/>	Postal Code: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>	
Comments:		

PLEASE SUBMIT THIS INCIDENT REPORT WITHIN 48 HOURS OF THE INCIDENT BY EMAILING IT TO THE PLAY SLO-PITCH OFFICE (spoa@playslopitch.com) WITH THE NAME OF THE INJURED PERSON IN THE SUBJECT LINE.

NOTE: THIS IS NOT A SPORT ACCIDENT INSURANCE CLAIM FORM. AN INJURED PERSON MUST CONTACT THE OFFICE DIRECTLY WITHIN 30 DAYS OF THE INCIDENT TO REQUEST A SPORT ACCIDENT CLAIM FORM.

