

# SOFTBALL ACCIDENT REPORT

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

TEAMS 1) \_\_\_\_\_ 2) \_\_\_\_\_

LEAGUE \_\_\_\_\_

SLO-PITCH [ ] SR. FAST PITCH [ ] MINOR [ ] DISTRICT \_\_\_\_\_

## INJURED PERSON

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF INJURY \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WITNESS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

## PERSON COMPLETING THIS FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

POSITION \_\_\_\_\_

RETURN FORM TO:

SOFTBALL B.C.  
#201-8889 Walnut Grove Drive  
Langley, BC V1M 2N7



**THIS IS NOT AN INSURANCE CLAIM FORM**