



IWVYS ACCIDENT REPORT

Date:

Facility:

Location:

Type of Event:

Date of Incident:

Time:

Team Name:

Injured Name:

Age:

Injured Address:

City/Zip:

What was injured individual doing when hurt?:

How was injured individual hurt?:

Extent of injury (specific description including area of the body affected):

Action taken by IWVYS Coach/Board Member:

How and where was injured individual taken after accident?

If by ambulance, person requesting it name/phone:

Parent Name:

Phone:

Parent Address:

City/Zip:

Witness Name:

Address:

Phone:

Person Completing this Form Name/Position:

Phone:

IWVYS Board Member Name/Position:

Phone:

IWVYS Board Member Signature:

Date Sent to USA Softball: