



IRMO LITTLE LEAGUE, INC.

Accident Report Form

*Report any accident including injury, property damage, or youth protection event:
Immediately following the incident, contact the Officer on Duty (OOD): _____
Follow up immediately by completing this form and giving it to the OOD, President or Safety Officer.*

Please Print Clearly

Type of Incident: _____
Date of incident: _____ Time of incident: _____
Where did the incident occur (i.e. field #, canteen, etc.): _____

Reporting Person's Information:

Name: _____ Contact #: _____
Email address: _____
Volunteer capacity (i.e. Coach, umpire, etc.): _____
If Coach, what team (please specify majors, minors, etc.): _____

Victim's Information:

Name: _____ Age: _____
Team (please specify majors, minors, etc.): _____
If a minor, name of guardian: _____
Contact #: _____
E-mail address: _____
If injury occurred, was 911 called? Yes or No
If yes, at what time was the call placed? _____
At what time did emergency personnel arrive on the scene? _____
Was treatment administered at the scene by other person's than EMT's)? Yes or No
If so, by whom? _____
What treatment was administered? _____

Briefly describe the incident (Additional Space of Reverse Side): _____

Please complete reverse side.

