



Browns Mill Civic & Athletic Association Incident Report

(To be submitted to League Secretary within 24 hours after accident)

Date of Occurrence: ____/____/____ Time of Occurrence: ____:____ AM or PM
Location of Occurrence: _____
Name of Injured Party: _____
Address of Injured Party: _____
Is Injured Party Player? ____ Manager/Coach? ____ Bystander? ____ Umpire? ____

If party is a player: Date of Birth: ____/____/____ Age: ____ Sex: ____ League: _____
Was Parent or Guardian Present? Y N If no, were they notified? Y N Were they called? Y N
Parents' Names: _____
Team Name: _____ Managers' Name: _____
Name of Manager or Coach present: _____
Did injury occur during a practice ____ Scrimmage? ____ Game? ____ Other? ____

If injury occurred during a game: _____
Was game on original schedule? ____ Or Rescheduled? ____ If yes, from when? _____
Opposing Team: _____ Name of opposing Manager/Coach Present: _____
Umpire's Name: _____ Association: _____ Number: _____

DID INJURED PARTY RECEIVE FIRST AID/CPR AT SIGHT OF OCCURRENCE? Y N
IF YES, BY WHOM? _____ Affiliation: _____
IF YES, HOW? _____
Was injured party transported home or to a hospital? _____
If Yes, to where and by whom? _____
Were Police present? ____ If Yes, Officer's Name: _____ Police Dept: _____ Shield No.: _____
Name and addresses of any witnesses: _____

Were insurance claim forms supplied to injured party or parents? ____ To Whom? _____

DESCRIPTION OF INCIDENT AND INJURY: _____

Submitted by: _____ /____/____
Print Name *Date*

Signature

FOR BCAA USE ONLY:	
Report no: _____	Date received: ____/____/____ Received from: _____
Received by: _____	Date: ____/____/____
Insurance forms supplied to injured party: ____/____/____	
Incident report forwarded to insurance company by: _____	