

Homewood Baseball Leagues, Inc.
P.O. Box 1231
Homewood, IL 60430



Incident Report Form

Date of Incident	
Time of Incident	

Injured Person Information	
Name	
Address, City, State	
Phone	
Relation to Homewood Baseball (e.g., Player, Coach, Umpire, Spectator, etc)	
League (e.g., Babe Ruth, Ripken A, Bantam A, etc)	
Team Name (if applicable)	
Date of Birth	
SSN (needed for insurance paperwork)	

Injury Information	
Location of Injury (e.g., field, etc)	
Nature of Injury (e.g., cut finger, broken arm, puncture, hit in head with baseball, etc), specify affected body part	
Description of event leading to injury	
Describe any first aid that was administered	
Was ambulance called (yes/no)	
Describe any other actions taken/relevant information	
If a player, did they continue to play (yes,no)	
Name of Manager/Coach Completing Form	
Date	

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Homewood Baseball/Softball Incident Paperwork Guidance

Post Injury

1. Coach/Team Parent to complete the Homewood Incident Report Form
2. Parent or Legal Guardian of the injured to complete the K&K Babe Ruth League Medical Claim Form Part 1 which requires the parent's/guardian's signature.

The Homewood Incident Report Form and the K&K Babe Ruth Medical Claim Form need to be returned to Valerie Burr **as soon as possible**. A medical claim cannot be submitted until this paperwork is received. Valerie will complete the K&K Babe Ruth Medical Claim Form Part 2.

Parents/Legal Guardians may contact Valerie Burr, Insurance Rep, for questions @ valerieburr@att.net or 708-280-9646.