



# Slo-Pitch National Softball Inc. INJURY / INCIDENT REPORT

Use extra pages if necessary and identify Section referred to by letter (i.e. "Section F continued")

**To be completed ONLY by Umpires, League Presidents and Tournament Conveners for reporting purposes only. DO NOT GIVE THIS FORM TO AN INJURED PERSON**

**THIS IS NOT AN INSURANCE CLAIM FORM. Persons wishing a claim form must advise the National Office within 30 days of the injury and request a Claim Form.**

### SECTION A - PERSONAL INFORMATION ON INJURED PERSON

Name \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  Male  Female  Eyeglasses  Contact Lenses  
Email Address \_\_\_\_\_  
Complete Mailing Address \_\_\_\_\_  
Position played at time of injury \_\_\_\_\_  
Team this person was playing for \_\_\_\_\_

### SECTION B - INJURY / INCIDENT OF INJURED PERSON

Was alcohol consumed prior to the game?  Yes  No | Did injured person return to the game?  Yes  No  
Did injured person leave game immediately?  Yes  No | **Does injured person require claim forms?**  Yes  No  
Was injured person taken to the hospital?  Yes  No

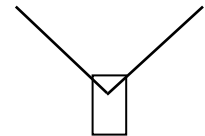
Give a full description of what happened. Include full names and positions of person(s) involved and identify which team the person(s) played on. Attach another sheet if necessary.

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

### SECTION C - FIELD CONDITIONS AND LOCATION OF INJURY / INCIDENT

Weather \_\_\_\_\_ Inning # \_\_\_\_\_

Condition of: Infield \_\_\_\_\_  
Outfield \_\_\_\_\_



Indicate the location of the injury/incident with an "X" on the diagram

### SECTION D - TIME AND LOCATION OF INJURY / INCIDENT

Tournament Game - or -  League Game Division \_\_\_\_\_  
Tournament/League Name \_\_\_\_\_  
Time \_\_\_\_\_  AM  PM Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Complex \_\_\_\_\_ Diamond # \_\_\_\_\_ City \_\_\_\_\_

### SECTION E - WITNESSES (2 if possible)

1.  Spectator - or -  Title \_\_\_\_\_ Witness statement attached?  Yes  No  
Name \_\_\_\_\_ Phone - Home ( ) \_\_\_\_\_ Bus ( ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

2.  Spectator - or -  Title \_\_\_\_\_ Witness statement attached?  Yes  No  
 Name \_\_\_\_\_ Phone - Home (\_\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**SECTION F – LEAGUE OR TOURNAMENT CONVENER**

League President - or -  Tournament Convener  
 Name \_\_\_\_\_ Phone - Home (\_\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**SECTION G – UMPIRE(S) INVOLVED**

Umpire \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Base Umpire \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**SECTION H – TEAMS INVOLVED**

Full team name of injured person \_\_\_\_\_ From (city) \_\_\_\_\_  
 Coach's Name \_\_\_\_\_ Phone - Home (\_\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_\_) \_\_\_\_\_

Full team name of opposing team \_\_\_\_\_ From (city) \_\_\_\_\_  
 Coach's Name \_\_\_\_\_ Phone - Home (\_\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_\_) \_\_\_\_\_

**SECTION I – REPORTING (send report with 24 hrs of time of injury/incident)**

**If an INJURY, send this report to the SPN National Office**

(Mail: 4-63 Galaxy Blvd, Etobicoke ON M9W 5R7 / Fax: 416-674-8233 / Email: spn@slo-pitch.com)

**If an INCIDENT occurs which may require a suspension, send this report to your Regional Director or Provincial Coordinator or Regional Umpire-In-Chief.**

This  INJURY  INCIDENT Report was completed by (PRINT clearly) \_\_\_\_\_  
 Phone - Home (\_\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Title \_\_\_\_\_ Signature \_\_\_\_\_

This report was sent to SPN:  National Office  Reg. Director  Prov. Coordinator  Reg. Umpire-In-Chief  
 Date \_\_\_\_\_ Name \_\_\_\_\_

**SUSPENSION REQUESTED?**  No  Yes, by  League President  Tourn. Convener  Umpire-In-Chief  
 Length of suspension requested \_\_\_\_\_ Suspension of which person(s) \_\_\_\_\_  
 Reason \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION J – FOLLOW UP ACTION**

By SPN:  Regional Director  Provincial Coordinator  Umpire-In-Chief Date received \_\_\_\_\_  
 Name \_\_\_\_\_ District/Region \_\_\_\_\_

Suspension given?  No  Yes, by SPN:  Regional Director  Provincial Coordinator Duration \_\_\_\_\_  
 Action taken \_\_\_\_\_

Note: If a suspension is given, letters MUST be sent to: suspended player(s) and the coach of the team involved.  
 Copies are to be sent to the president of the league involved and the SPN National Office.