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INCIDENT REPORT

PLEASE NOTE: This report is designed to establish an immediate record of any incident that may evolve into some further action being taken, such as, but not limited to, an insurance claim or legal action. It is to assist all parties in the preparation of any documents required to explain or support the incident, accident or claim referred to herein. Baseball Ontario strongly recommends that all Local Associations make all of their personnel aware of this report and require that any incidents be reported within 24 hours of the occurrence.

PART I – To be filled in by all persons reporting an incident.

Date of occurrence Time of occurrence

Date reporting occurrence

Type of occurrence (accident, injury, property damage etc.)

Location of occurrence (where did it happen?)

How did it happen? (be specific)

Who was in charge at the time of the occurrence?

What is this persons position with the organization?

Who owns the premises where this happened?

Did the owner have a representative on site when this happened?

PART II – To be filled out by persons reporting an accident or occurrence where someone is injured.

Name of injured party Age Sex _____

Address

City Postal Code _____

Telephone Number(_____) _____ (_____) _____

In the case of a child, who is the responsible party for the injured party?

Address as above _____ Other _____

City _____ Postal Code _____ Tel. #'s _____

Nature of Injury (What was injured?)

Status of Injured Party. (competitor, coach, spectator etc.) _____

What was the probable cause of this accident? _____

Was First aid given? _____ By Whom?

Nature of treatment given

Did patient require medical/dental etc. treatment? _____ How was the patient transported to the treatment centre? _____ . Where was the patient treated? _____

_____ By Whom? (name of Doctor/Dentist etc. _____

SEE PAGE 4 OF THIS REPORT FOR FURTHER DETAILS AND SIGNATURE

PART III – To be filled out by persons reporting an accident or occurrence where there is damage to property.

Owner of damaged property.

Address

City _____ Postal Code _____ Phone Numbers _____

Description of damaged property

What caused this damage? (Baseball, car, bicycle etc)

Describe how this happened?

Were police called? _____ If "Yes" Officers Name _____

Badge Number _____ Detachment _____ Incident # _____

Were there any witnesses?

Name of Witness

Address

City _____ Postal Code _____ Phone Numbers _____

What were the weather conditions at the time?

Was the weather a factor in this event?

Other Insurance Held (Accident, Extended Health, Travel etc)

Insurer

Policy # _____ Type of Policy _____

SEE BOTTOM OF PAGE FOR FURTHER DETAILS AND SIGNATURE

PART IV – TO BE FILLED OUT BY ALL PARTIES REPORTING AN INCIDENT.

Is there anything further that you feel needs to be pointed out regarding this incident that has not been referred to as

yet in this report? Please be specific and provide as much information as you feel is necessary.

Name of person submitting this report. (Please Print)

Signature of person submitting this report.

Position with Association _____ Telephone Numbers _____

Date Submitted

FOR OFFICE USE ONLY Date Received _____ By Whom ? _____

Further action. Date _____ By Whom? _____