Appendix A



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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.

Who was in charge at the time of the occurrence?:

Date of occurrence:	Time of occurrence:	
Date reporting this occurrence:		
Type of occurrence (accident, injury, property damage etc.):		
Location of occurrence:		
How did it happen? (be specific):		

What is this person's 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 b	y persons reporting	an accident or occ	currence where so	omeone is injured.
Name of injured party:		Age:		Sex:
Address:				
City:	Postal Code:			
Telephone #:				
In the case of a child, who is the responsible person for the injured party?				
Address/Tel # - As above or				
- Other Address/Tel #:				
City	Postal Code		Tel. #:	
Nature of Injury:				
Status of Injured Party (competitor, coach, spectator etc)				
What was the probable cause of this accident?				
Was First Aid given?	If so	, by whom?		
Type of treatment given				
Did patient require medical/dental treatment?				

If so, how was the patient trans	ported to the treatment centre?	
If so, where was the patient trea	ated?	
If so, who treated the patient? (name of medical professional)	
PART III – To be filled out by property.	y persons reporting an accide	nt or occurrence where there is damage to
Owner of damaged property:		
Address:		
City	Postal Code	Phone #:
Description of damaged proper	ty:	
What caused this damage? (Bas	seball, car, bicycle etc)	
Describe how this happened?		
Were police called?	If 'yes' Officer's Nam	e is:
Badge Number	Detachment	Incident #
Were there any witnesses?		
If 'yes' name of witness is:		
Address		
City:	Postal Code:	Phone Number#:

What were the weather conditions at the time?				
Was the weather a factor in this incident?				
Other Insurance Held (Accident, Extended He	ealth, Travel etc)			
Insurer:				
Policy #:	Type of Policy:			
PART IV – TO BE FILLED OUT BY <u>ALL</u>	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? If so Olease 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 Number #			
Date submitted:				
FOR OFFICE USE ONLY: Date Received	Dy Whom 9			
Further action: Date:	By Whom ? By Whom?			