



## **Incident Report**

Please use this form to record any incidents that occur during a baseball or softball activity.

Type of incident (for internal recor	<sup>-</sup> ds)			
	ersonal Injury ecurity		ailure/damage 	
Name of Club / Team		Tea Me	am embership No.	
Name of League if applicable				
Format	Baseball	Softball		
Date of incident			Time	
Location				
Brief description of incident Include activity e.g. warm up, drills, game; equipment involved				
Injured person or property d	amage (if applicable)			
Who suffered the injury / pro	perty damage? (for internal reco	rds)		
Player Coach	Umpire / Official	Employee	Spectator [	Member of Public
Name	Telephone	No	Date o	of birth
Address	Email addr	ess		
Details of any injury/damage				
Action taken e.g. First Aid treatmen	t; First Aider; hazard removed; if injur	ed person under 18, details	s of who contacted, v	when & how
Were any of the following cor	ntacted?	dian 🔲 A	Ambulance	Police



## **Incident Report**



In your view, what were the causes of the incident?					







## For insurance purposes

ror insurance purposes		
_	red to apportion blame but simply to ble for the injury/property damage.	record on a factual basis if someone has
Has negligence been alleged?	Yes / No (delete as appropria	rte)
If 'yes', state by whom and in wha	t circumstances	
Please detail any implied or actual	threat of legal action arising out of	the incident
Trease detail any implied of detail	threat or regar action arising out or	and morderit
Witnesses (if any)		
Name		Telephone No.
Name	Email address	relephone No.
Address	Email address	
Name		Telephone No
	Email address	
Address		
About you, the person filling in th	is record	
Name		Telephone No
Address		Role e.g. captain

## How to submit this record

**Email** 

Please go to <a href="www.baseballsoftballuk.com/insurance">www.baseballsoftballuk.com/insurance</a> where you can fill in an online form to submit this information though the website. The record will then be sent to BaseballSoftballUK and a copy emailed to you, for reference.

**DATA PROTECTION ACT**: All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of incident investigation and processing any claim. Information you provide may be forwarded to the insurer for these purposes.