



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

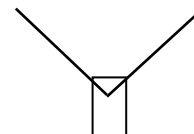
Was alcohol consumed prior to the game? Yes No | Did injured person return to the game? Yes No
Did injured person leave game immediately? Yes No | **Does injured person require claim forms?** Yes No
Was injured person taken to the hospital? Yes No

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.