



BRUNSWICK CAL RIPKEN INJURY REPORT

Please print neatly

League Name: **Brunswick Cal Ripken (BCR)**

Incident Date: _____

Field Name/Location: _____

Incident Time: _____

Injured Person's Name: _____

Date of Birth: _____

Address: _____

Age: ____ Sex: __ Male __ Female

City: _____ State: ____ ZIP: _____

Home Phone: _____

Parent's Name (If Player) _____

Cell Phone: _____

Parents' Address (If Different) _____

City: _____

Incident occurred while participating in:

- A.) Baseball
- B.) Minor Major Rookie
- C.) Tryout Practice Game Tournament Special Event

Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Base Runner Pitcher Catcher First Base Second Third Short Stop Left Field Center Field Right Field Dugout Umpire Coach/Mgr. Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____

Type of incident and location:

- | | | |
|---|--|---|
| A.) On Primary Playing Field
<input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding
<input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted
<input type="checkbox"/> Collision w/: <input type="checkbox"/> Player or <input type="checkbox"/> Structure
<input type="checkbox"/> Grounds Defect
<input type="checkbox"/> Other: _____ | B.) Adjacent to Playing Field
<input type="checkbox"/> Seating Area
<input type="checkbox"/> Parking Area
C.) Concession Area
<input type="checkbox"/> Volunteer Worker
<input type="checkbox"/> Customer/Bystander | D.) Off Ball Field
<input type="checkbox"/> Travel
<input type="checkbox"/> Car or <input type="checkbox"/> Bike
<input type="checkbox"/> Walking
<input type="checkbox"/> League Activity |
|---|--|---|

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____

This form is for BCR league purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible and email the President at BCRpresident@gmail.com. This form is to be returned to the BCR President at PO Box 827, Brunswick, ME 04011 or it can be emailed to the address above. This form should be completed and submitted to the league within 20 days of the incident.