

# Claremont Little League Incident Report

*Name:*

\_\_\_\_\_

*Age:*

\_\_\_\_\_

*Address:*

\_\_\_\_\_

*Phone #:*

\_\_\_\_\_

*Location of Incident:*

\_\_\_\_\_

*Time of Incident:*

\_\_\_\_\_

*Date of Incident:*

\_\_\_\_\_

*Description of Injury:*

\_\_\_\_\_

*If Patient Transported to Hospital, which facility:*

\_\_\_\_\_

*Method of Transportation, (Car, fire, police etc.):*

\_\_\_\_\_

*How incident occurred:*

\_\_\_\_\_

*Name of on scene responsible party:*

\_\_\_\_\_

*Relationship to injured person (Manager, coach, board member, etc.):*

\_\_\_\_\_

*Describe treatment given:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*Reminders: When in doubt, always call 9-1-1***

***\*When possible, notify League Safety Officer  
Ralph Tecotzky @ (909) 730-4695***