



West Boynton Little League

PO Box 740123
Boynton Beach, FL 33474-0123
League ID# 3090712
www.wbll.us

Incident Report Form

Location of Accident:

(Park, Field #, etc.)

Please briefly describe the weather conditions:

Date / Time of accident _____

Team / Division _____

Manager/Coach Name: _____

Name of injured person: _____

Date of Birth: _____

Address of injured person:

Street _____ City _____ State _____ Zip _____

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Describe the accident and injury:

Was first aid provided? _____ Yes / No

If yes, who provided first aid and describe the first aid provided:

Was the injured person transported to a medical facility? _____ Yes / No

If Yes....

Where was the injured person taken? _____

When was the injured person transferred? _____

(after the accident at the park or at a later time from a different location)

Who transported the injured person? _____

Name

Was there a parent or guardian present at the time of the incident? _____ Yes / No

If no parent or guardian was present, who contacted the parent or guardian? _____

Please provide name and phone number of the WBLL League Officials (Manager, Coach, Umpire, etc.)
or other witnesses:

Do you have any opinion on how to prevent this type of incident from happening in the future? Yes / No

If Yes, please describe:

Submitted by:

Name of Person Submitting this Incident Report

Date

Phone Number