

**Western Howard County Youth Baseball and Softball
Field Incident Report**

Date Report Received by WHCYBSL Co-ordinator _____
Field Location: _____ Date of Incident: _____
Time of Incident: _____

General Description of Incident (where/how, etc):

Name or position of Person(s) involved [coach/assistant/spectator]:

Extent of Incident (exact nature & location of incident)

Witnesses:

Please indicate if any medical attention was required:

Individual(s) making report - **Signature:** _____

Date Report given to Umpire/Baseball/Softball Director

Board Action Taken

