



Slo-Pitch National Softball Inc.

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 Ph (____) _____
Address _____ City/Prov _____ Postal Code _____
Position played at time of injury _____ Male Female
Team this person was playing for _____ Eyeglasses Contacts

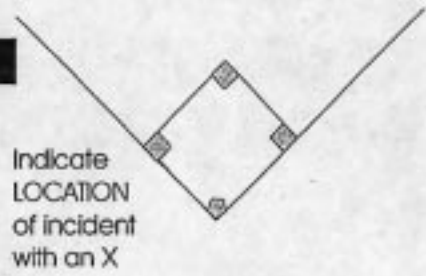
Section B - INJURY / INCIDENT If injury occurred, describe type and condition of injured person

Was injured person taken to hospital? YES NO Did injured person leave game immediately? YES NO Did injured person return to game? 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 & LOCATION

Conditions of Infield _____
Outfield _____
Bases _____
Weather _____ Inning? _____



Section D - TIME & LOCATION OF INCIDENT

Tournament Game, or League Game Tournament or League Name _____
Time _____ Am Pm Month _____ Day _____ Year _____ Div _____
Complex _____ Diamond # _____ City/Town _____