

West Seneca Girls Softball Association

Accident Report

Name of injured person _____ Date of report _____

Address _____ Telephone _____

Date of birth _____ Age _____ Grade in school _____

Location of accident/incident _____

Date and time of accident/incident _____

Describe injury _____

Describe how injury occurred _____

Describe any first aid administered _____

Who administered first aid? _____

Was a physician called? _____ Name _____

Was an ambulance called? _____ Name _____

Was a parent called? _____ By whom? _____

How was the injured transported? _____ By whom? _____

Date of first treatment _____

Witness

Address

Telephone

Report submitted by _____ Position _____

**Submit report to WSGSA Board of Directors
(Charles A. Krotje, 71 Pine Tree Lane, West Seneca, NY 14224)**