



3-131 Sheldon Drive, Cambridge, Ontario. N1R 6S2  
Phone: 519-740-3900 Fax: 519-740-6311  
[baseball@baseballontario.com](mailto:baseball@baseballontario.com) [www.baseballontario.com](http://www.baseballontario.com)

## **INCIDENT REPORT**

**PLEASE NOTE:** This report is designed to establish an immediate record of any incident that may evolve into some further action being taken, such as, but not limited to, an insurance claim or legal action. It is to assist all parties in the preparation of any documents required to explain or support the incident, accident or claim referred to herein. Baseball Ontario strongly recommends that all Local Associations make all of their personnel aware of this report and require that any incidents be reported within 24 hours of the occurrence.

### **PART I – To be filled in by all persons reporting an incident.**

Date of occurrence \_\_\_\_\_ Time of occurrence \_\_\_\_\_

Date reporting occurrence \_\_\_\_\_

Type of occurrence (accident, injury, property damage etc.) \_\_\_\_\_

Location of occurrence (where did it happen?) \_\_\_\_\_

How did it happen? ( be specific) \_\_\_\_\_

Who was in charge at the time of the occurrence? \_\_\_\_\_

What is this persons position with the organization? \_\_\_\_\_

Who owns the premises where this happened? \_\_\_\_\_

Did the owner have a representative on site when this happened? \_\_\_\_\_

**PART II – To be filled out by persons reporting an accident or occurrence where someone is injured.**

Name of injured party \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Numbers (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

In the case of a child, who is the responsible party for the injured party? \_\_\_\_\_

Address as above \_\_\_\_\_ Other \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel. #'s \_\_\_\_\_

Nature of Injury (What was injured?) \_\_\_\_\_

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Status of Injured Party. ( competitor, coach, spectator etc.) \_\_\_\_\_

What was the probable cause of this accident? \_\_\_\_\_

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Was First aid given? \_\_\_\_\_ By Whom? \_\_\_\_\_

Nature of treatment given \_\_\_\_\_

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Did patient require medical/dental etc. treatment? \_\_\_\_\_ How was the patient transported to the treatment

centre? \_\_\_\_\_ . Where was the patient treated? \_\_\_\_\_

\_\_\_\_\_ By Whom? (name of Doctor/Dentist etc.) \_\_\_\_\_

**SEE PAGE 4 OF THIS REPORT FOR FURTHER DETAILS AND SIGNATURE**

**PART III – To be filled out by persons reporting an accident or occurrence where there is damage to property.**

Owner of damaged property. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Description of damaged property \_\_\_\_\_

What caused this damage? (Baseball, car, bicycle etc) \_\_\_\_\_

Describe how this happened? \_\_\_\_\_

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Were police called? \_\_\_\_\_ If "Yes" Officers Name \_\_\_\_\_

Badge Number \_\_\_\_\_ Detachment \_\_\_\_\_ Incident # \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Numbers \_\_\_\_\_

What were the weather conditions at the time? \_\_\_\_\_

Was the weather a factor in this event? \_\_\_\_\_

Other Insurance Held (Accident, Extended Health, Travel etc)

Insurer \_\_\_\_\_

Policy # \_\_\_\_\_ Type of Policy \_\_\_\_\_

