DISTRICT 11 ACCIDENT REPORT

(TO BE COMPLETED FOR EVERY PARK ACCIDENT)

Name of Injured Party:		Age
Address: Number & Street	City	Phone: Zip Code
		Park of Incident:
_eague:	T∈	eam Name:
		nt Special Game
Nature of Apparent Injury:		
Any on-site treatment by: Manager	CoachUn	mpireLeague RepParent
Explain:		
		, why)
	410	SE REVERSE SIDE IF NECESSARY)
Did playing field or weather condition	•	cident:
Vitnesses who saw accident:		
Name:		Phone:
		Address

Statement:		
Name	:Addre	Phone:
Statement:		
	(Use backside or plain sheet of paper if more	witnesses are used)
Signature:		Date:/
	Manager or Coach Name Printed:	
Signature:		Date:/
	Park President Name Printed:	
Signature:		Date:/
	Safety Director Name Printed:	
Steps taken, i	if any, to prohibit this type of accident in the future:	

Note: Please submit completed Accident Report to: Kevin Weinberg, District Administrator or Mike Battles, District 11 Safety Director