

Chariho Girls Softball League

Incident Report

ASA Insurance Program

For incidents occurring during regular, pre-season or post-season team activities

Person Submitting this report:	<input type="checkbox"/> Manager/Coach <input type="checkbox"/> League Official <input type="checkbox"/> Umpire
Name:	Other (Identify):
Location of Incident: (Please circle)	<input type="checkbox"/> Richmond Field <input type="checkbox"/> Dow Field <input type="checkbox"/> Wicklund Field Other Location (Identify):
Date & Time Incident Occurred:	Date: _____ Time: _____
Purpose of Event: (Please circle)	<input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> Travel Other (Identify):
Please provide full description of events leading up to and including the incident:	
If injury, name of person injured:	
Association with League: (Please circle)	<input type="checkbox"/> Player <input type="checkbox"/> Parent <input type="checkbox"/> Coach <input type="checkbox"/> Spectator Other (Identify):
Describe injury and specify location (example: strained right ankle, skinned left knee)	
What action was taken:	
By Whom:	
Witnessed by: (Can list additional witnesses on reverse)	Name: _____ Address: _____
Submitted by: _____ Date: _____	

Use reverse or attach any additional information that might be helpful such as: police report, doctor's statement, pre-game field inspection report, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

Please forward this copy to a league officer or administrator.