

# NORTH NEWARK LITTLE LEAGUE NEWARK RBI

## ACCIDENT REPORT

**TEAM:** \_\_\_\_\_

**PLAYER NAME:** \_\_\_\_\_

**NAME OF MANAGER/COACH:** \_\_\_\_\_

**DATE OF ACCIDENT:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**INJURY:** \_\_\_\_\_

**DID INJURY OCCUR DURING A GAME\_\_\_ OR PRACTICE\_\_\_ ?**

**DESCRIPTION: WHAT WAS THE PLAYER DOING AT THE TIME OF THE ACCIDENT? WHERE WAS THE SUPERVISING ADULT? HOW DID THE ACCIDENT OCCUR?**\_\_\_\_\_

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**WHAT FIRST AID WAS GIVEN?**\_\_\_\_\_

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*Please complete and return to the Division Director or email to [nwkbbaseball@aol.com](mailto:nwkbbaseball@aol.com)*

**SIGNATURE:** \_\_\_\_\_ **DATE SUBMITTED:**\_\_\_\_\_