

Lakehill Ball Incident Report

Date _____ Location & Field _____

Team 1 _____ Team 2 _____

District _____ Softball or Baseball _____

Injured Person:

Name: _____ Address: _____

Phone: _____ Type of injury/incident _____

Description of
Incident: _____

Witness/Reporter:

Name: _____ Address: _____

Phone _____ Position _____

Signature of Reporter _____

Signature of Executive _____

(to be filled out by executive)

Action Required/ Follow up Required:
