



SOFTBALL ACCIDENT REPORT

Date: _____

Location: _____

Teams: (1) _____ (2) _____

Division: _____

Injured Person's Name: _____

Address: _____

Phone Number: _____

Type of Injury: _____

Description of Accident: _____

Umpire: _____

Witness Name: _____

Address: _____

Phone Number: _____

Name of Person completing this form: _____

Address: _____

Phone Number: _____

Position: _____

*Return form to: President
P.O. Box 91101
West Vancouver Postal Outlet
West Vancouver, B.C. V7K 3H2*

- ✓ *This is not an insurance claim form*
- ✓ *Claim forms are at the back of the WVGSA Handbook.*