

# ROCKLAND COUNTY UMPIRE ASSOCIATION INCIDENT/INJURY REPORT FORM

*Incident/Injury Report*

Date: \_\_\_\_\_

*This form is to be completed within 24 hours and emailed as such to the RCUA President and Secretary*

Game

Officials: \_\_\_\_\_

Please check the appropriate box:

Incident

Injury

Date of Incident/Injury: \_\_\_\_\_

Location: \_\_\_\_\_

Home team: \_\_\_\_\_

Away Team: \_\_\_\_\_

Individuals name: \_\_\_\_\_

Child/Adult

Team Name

Type of Game:

Softball

Baseball

League: \_\_\_\_\_

Coach/Player restricted to the Dugout:

Yes

No

Player/coach ejected:

yes

no

**Witness to incident:**

(if available)

Full Name

phone number

Full Name

phone number

Full Name

phone number

**Weather Conditions:**

(for injury only)

**Field Conditions:**

(for injury only)

EMS/Paramedic/Trainer used:

Yes

No

**Indicate reason why EMS/Paramedic/trainer was NOT required:**

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***Incident/Injury: (detailed account)***

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<p><b>Submitted by:</b> _____ <b>Title/Role:</b> _____</p> <p><b>Organization:</b> _____ <b>Contact #:</b> _____</p> <p><b>Contact Email Address:</b></p> <p><i>Please attach any statements or pertinent information from other involved sources</i></p>
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