

APPENDIX F

INCIDENT/ACCIDENT REPORT

This report is required for any incident or accident/ As soon as the facts are known, the responsible facility monitor/club officer is required to complete this report. If a life threatening injury, or a fatality occurs, notify SCF Homeowner Association Management immediately.

Location of Incident: SCF Softball Field

Date of Incident: _____ Time: _____

Date of Report: _____ Time: _____

Injured's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Male: Female: Age: Date of Birth: _____

Type of Injuries: _____

Treatment given at the scene:

Name of medical facility injured transported to: _____

Mode of transportation: _____

The location statement was taken: _____ By whom: _____

Statement of incident (Please be detailed):

Witness: _____ Address: _____ Phone: _____

Person reporting: _____ Address: _____ Phone: _____

Date: _____

Please complete all applicable information in complete detail. Additional paper or the back of this form may be used if needed. When completed, IMMEDIATELY return the original to a SCF SOFTBALL CLUB BOARD MEMBER who will copy & send to HOA.