



## INCIDENT - INJURY REPORT FORM

Please fill this form out electronically and submit to the GBL: [GBLreports@baseballqld.asn.au](mailto:GBLreports@baseballqld.asn.au) by 5pm the next business day

### REPORTING PERSON

**REPORTING PERSON:**

**REPORTING PERSON PHONE/EMAIL:**

**REPORTING PERSON:** SCORER COACH UMPIRE PLAYER PARENT CLUB

### GAME DETAILS

**INJURED PERSON:**

**DATE OF GAME:**

**COACH PITCHER FIELDER BATTER RUNNER BENCH OTHER**

**VENUE:**

**DIVISION:**

**HOME TEAM:**

**AWAY TEAM:**

**INNING:**

**TIME:**

### DETAILS OF INCIDENT

Please describe:

- the incident;
- any actions taken/treatment given;
- any after effects including harm done or damage caused

**REPORTING PERSON:** DT