



## Safety Awareness Program Incident / Injury Tracking Report

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Type of Report:  Injury  Fatality  Property Damage  Other: \_\_\_\_\_

### Injured or Reporting Person Information

Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name (If Player or Child): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Address (If different): \_\_\_\_\_ City: \_\_\_\_\_

### Activity related Incident / Injury

Incident associated with:  Baseball  Softball  Football  Concessions  Special Event  Park Use Other: \_\_\_\_\_

If Sports related:  T-Ball  Pee Wee  Minors  Major  Pony  Travel  Special Populations

Tryout  Practice  Game  Tournament  Travel To/From Other: \_\_\_\_\_

Position/Role of person(s) involved in incident:  Player  Coach  Umpire  Spectator  Volunteer  Park Patron

Description of Incident / Injury: *(Please include as much detail as possible)*

### Property Damage / Hazard

Location of Damage or Hazard:  Ball Field  Football Field  Concessions  Playground  Parking Lot  Grounds

Description of Damage/Hazard: *(Please include as much detail as possible)*

### Medical Treatment

Was First Aid or Professional Medical Treatment required?:  Yes  No

If Yes, what type?:  First Aid  Sent to Doctor  Sent to Hospital  Ambulance  Declined Treatment

**County Emergency Services**

Was any County Emergency Services required?:  Yes  No

If Yes, what type?:  Police  Fire  Ambulance Other: \_\_\_\_\_

If Police required: Officer #: \_\_\_\_\_ Officer Name: \_\_\_\_\_ Case Report #: \_\_\_\_\_

**Additional Narrative Section**

Use this space for to provide extra information regarding the incident. *(Please include as much detail as possible)*

*This form is for Bay Creek Park purposes only, to report accidents, safety hazards, unsafe practices and/or to contribute positive ideas in order to improve park safety. When an accident occurs, obtain as much information as possible. Complete this form and submit it to a Park representative. All personal injuries should be reported to a Park official as soon as possible.*

Prepared by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**GAA Use Only**

*(To be completed by Grayson Athletic Association officials)*

\_\_\_\_\_  
**Received by**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Activity Board Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GAA Board Member**

\_\_\_\_\_  
**Date**