



West Boynton Little League  
P.O. Box 74012  
Boynton Beach, FL 33474-0123  
League ID# 3090712



## WBLL Injury Report

(Please fill-in all sections completely)

Place of accident / Name of park: \_\_\_\_\_

Date / Time of accident: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Team Name / Division: \_\_\_\_\_ Manager / Coach: \_\_\_\_\_

Name of injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Describe the accident and injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid given:  Yes  No If yes, what action was taken: \_\_\_\_\_  
\_\_\_\_\_

Was injured party transported to the hospital or other medical facility?  Yes  No

If yes, where and when: \_\_\_\_\_

Was parent or guardian notified:  Yes  No If no, why? \_\_\_\_\_

Manager, coach and/or witness (name and phone numbers): \_\_\_\_\_  
\_\_\_\_\_

In your opinion was this a preventable accident?  Yes  No If yes, in your opinion what could have been done to prevent this incident? \_\_\_\_\_  
\_\_\_\_\_

Report filed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_