

O.D.O.A. ACCIDENT/INJURY REPORT FORM

DATE OF INJURY: ____/____/____ TIME OF INJURY: ____:____ AM / PM

PERSON(S) INJURED (INCLUDE UNIFORM NUMBERS): _____

TEAMS INVOLVED: _____

COACH'S NAME(S): _____

FIELD/GYM LOCATION: _____

FIELD/GYM CONDITION: _____

WEATHER CONDITIONS: _____ TEMP: _____

WHAT HAPPENED? _____

WHY DID ACCIDENT HAPPEN? _____

COULD THIS ACCIDENT/INJURY HAVE BEEN PREVENTED? YES _____ NO _____

IF SO, HOW? _____

WAS AMBULANCE CALLED? _____ BY WHOM? _____

IF YES, WHICH UNIT RESPONDED? _____

NAME(S) OF PARAMEDICS: _____

WAS POLICE CALLED? _____ BY WHOM? _____

IF YES, WHICH PRECINCT/COUNTY? _____

NAME(S) OF OFFICERS: _____

WITNESSES AND PHONE NUMBERS? _____

HEAD OFFICIALS'S NAME: _____ OTHER OFFICIAL(S): _____

ALL INJURIES MUST BE REPORTED TO THE DIVISION SECRETARY WITHIN 24 HOURS

Softball: Bob Guagliardo: Fax: (804) 346-1964 or 9024 Merlin Court, Glen Allen 23060

Volleyball: David Bassler: Mail to: 1304 Greycourt Avenue, Richmond, VA 23227-4044