

Slo-Pitch Ontario Association Incident Report

For Use by SPO Umpires, SPO Registered Leagues & SPO Tournament Convenors for reporting purposes ONLY.

This is NOT an Insurance Claim Form.

Persons wishing a Claim Form must advise SPO **within 30 days** of the injury & request a Claim Form.

➤ SECTION A - GAME INFORMATION

<input type="checkbox"/> Tournament Game	<input type="checkbox"/> League Game	Tournament / League Name:	
Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Month: Day: Year:	Division of Play:	
Complex / Park:	Diamond:	City/Town:	

➤ SECTION B - LEAGUE or CONVENOR INFORMATION

<input type="checkbox"/> League President	<input type="checkbox"/> Tournament Convenor	Name:	
Address:		City:	
Postal Code:	Hm Phone:()	Wk Phone:()	Fax: ()

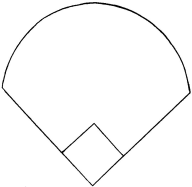
➤ SECTION C - UMPIRE(S) INFORMATION

Plate umpire:	Base Umpire:
Hm phone:() Wk Phone:()	Hm Phone:() Wk Phone: ()
Umpire Card #	Umpire Card #

➤ SECTION D - TEAM INFORMATION

Name of Team:		
City:	Coach's Name:	Phone: ()
Name of Team:		
City:	Coach's Name:	Phone: ()

➤ SECTION E - FIELD CONDITIONS

Conditions of Infield:	Indicate location of incident with an X 
Outfield:	
Bases:	
Weather: What Inning?:	

➤ SECTION F - INCIDENT

Describe the incident. Use as much detail as possible.

Did an injury result? If so, please be sure to complete Sections H and I.

Over..

SECTION G - WITNESSES - Very Important to obtain. List 2 if possible.

Witness Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spectator OR Title:	
1. Name:	Hm: ()	Wk: ()
Address:	City:	Postal Code:
Witness Statement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spectator OR Title:	
2. Name:	Hm: ()	Wk: ()
Address:	City:	Postal Code:

SECTION H - INJURY DESCRIPTION

Was Injured person taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did Injured person leave the game immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did injured person return to the game? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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SECTION I - PERSONAL INFORMATION on injured person

Name:	Hm: ()	Wk: ()
Address:	City:	Postal Code:
Position Played at time of injury:	Team injured playing for:	
Eye glasses worn? <input type="checkbox"/> Contact Lenses worn <input type="checkbox"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

SECTION J - SEND REPORT within 24 hours of time of incident

If an Injury is involved send this report to SPO. If an incident occurs which may require a suspension send this report to your Zone Director.

Report submitted by:			
Address:		City:	Postal Code:
Hm: ()	Wk: ()	fax: ()	
Title:	Signature:		
COMMENTS:			
Signature:			

SECTION K - FOLLOW UP ACTION

By <input type="checkbox"/> SPO Director <input type="checkbox"/> Tournament Consultant <input type="checkbox"/> Umpire in Chief		Date Rec'd:
Name:	Zone:	
Suspension Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	By <input type="checkbox"/> SPO Director <input type="checkbox"/> Tournament Consultant	
if Yes, how long?	Action Taken:	

FOR SPO OFFICE USE ONLY

Report Rec'd:	Report Copied to <input type="checkbox"/> SPO Director	<input type="checkbox"/> Other	Date:
<input type="checkbox"/> Suspension Letter filed	<input type="checkbox"/> Claim Form Sent	Date Sent:	