

# 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"/>	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: (    )

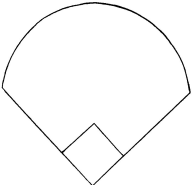
## ➤ SECTION C - UMPIRE(S) INFORMATION

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 <b>X</b> 
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:		
<b>COMMENTS:</b>			
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:	