

# MGS Accident Report

Form MGS-100 Revised: 03/26/2022



Incident #: MGS-100-\_\_\_\_\_

## Injured Person

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ F \_\_\_\_\_ M  
Address \_\_\_\_\_  
Guardian (if minor) \_\_\_\_\_ Telephone: \_\_\_\_\_  
Was Parent Notified? \_\_\_\_\_ Yes \_\_\_\_\_ No How was contact attempted/made? \_\_\_\_\_

## Location of Accident

Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_ Draw Map (if needed)  
Location on Field: \_\_\_\_\_

## Description of Accident

Provide a detailed description of how the accident occurred. Describe any unsafe conditions, use of tools, or equipment and any statement made by the injured party:  
(use [page 3](#) if more space is needed)

## Possible Injury and Location

(select all that apply)

\_\_\_\_\_ Fracture \_\_\_\_\_ Sprain \_\_\_\_\_ Dislocation \_\_\_\_\_ Arm \_\_\_\_\_ Other (explain):  
\_\_\_\_\_ Thigh \_\_\_\_\_ Ankle \_\_\_\_\_ Wrist \_\_\_\_\_ Back  
\_\_\_\_\_ Head \_\_\_\_\_ Knee \_\_\_\_\_ Foot \_\_\_\_\_ Lower  
\_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Upper \_\_\_\_\_ Hand

## Treatment (Rescue)

Treated by: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Was 911 Called? \_\_\_\_\_ Yes \_\_\_\_\_ No By Whom: \_\_\_\_\_ Time: \_\_\_\_\_  
Describe Treatment and Injured Party Status: (use [page 3](#) if more space is needed)

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**Destination** \_\_\_\_\_ Home \_\_\_\_\_ Hospital \_\_\_\_\_ Departure Time \_\_\_\_\_ With Whom? \_\_\_\_\_  
**Transportation** \_\_\_\_\_ Return to Activities \_\_\_\_\_ Other: \_\_\_\_\_

Weather conditions or other conditions which would help explain the environment in which the accident occurred: (use [page 3](#) if more space is needed)

## Conditions

## Coach's Comments

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom? \_\_\_\_\_ Telephone: \_\_\_\_\_

## Pictures Taken

Please take multiple pictures at different angles and include all pictures taken of the incident with the completed form

\_\_\_\_\_  
Person Preparing Report (print)

\_\_\_\_\_  
Signature  
(For Electronic submissions, type "s/" followed by name)

\_\_\_\_\_  
Date of Report

### For Official Use Only

Reviewed by: \_\_\_\_\_

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

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In case of serious injury, please call 911 and notify the Menifee Girls Softball Player Agent via GroupMe. Complete all sections of this report and enter N/A for any section that does not apply. Use the additional sheet attached to the back of this form if additional space is needed. This report is to be submitted to the Menifee Girls Softball Player Agent (at [playeragent@menifeeasa.com](mailto:playeragent@menifeeasa.com)) before vacating the scene of the incident. If the injury requires professional treatment, or if 911 was called, please complete and attach a league insurance form to this accident report, found under **Forms and Rules** on the [Menifee Girls Softball](#) website.

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**REMEMBER ONLY PROVIDE TREATMENT YOU ARE QUALIFIED TO PROVIDE**

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## Additional Comments

Comments Continue From: \_\_\_\_\_

Return to: [Page 1](#) | [Page 2](#)