

**ACCIDENT REPORT FORM**  
Mississippi Valley Baseball/Softball League

**TO BE COMPLETED BY PARENT/GUARDIAN**

NAME OF INJURED PERSON: (First Name, Middle Initial, Last Name)

\_\_\_\_\_

Plays on Team: (Town & Age Group Playing for) \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Injury Occurred when: (circle one) Practice Travel Game Other \_\_\_\_\_

Type of sport: (circle one) Baseball Softball

Explain HOW accident or injury occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At time of accident was the Injured Person involved in an activity under the jurisdiction of the Organization:

Circle one Yes No

Name of Supervisor of Activity (Coach or Assistant Coach or Other) \_\_\_\_\_

Was he/she a witness to accident? Circle one Yes No

Please call Rich Toops to report an accident within 30 hrs. 660-341-8374  
Then complete this form and return it to Rich Toops with 48 hrs. of accident. Mail it to:

Rich Toops  
11850 State Highway A  
Williamstown, MO 63473

After receiving this form, Rich will then get the proper insurance claim form to you by mail for completion and will forward on to the insurance company to be processed.