

Accident Report Form



Thilman Filippini
An HRH Company

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Drive
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Fax (312) 527-9509
www.TF-Risk.com

Name: _____ Phone: () _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Age: _____ Sex: (M) (F) Soc. Sec. #: _____
 Years' Experience: (1st) (1-3) (4-9) (10+)
 Team Name: _____
 League Name: _____

Type:
 Fast-Pitch
 Softball
 Baseball
Injured:
 Player
 Coach
 Umpire
 Spectator

Site if Not Team/Location: _____
 Contact Person: _____ Phone: () _____

Injury: Person Property
 Date of Injury: _____ Morning Afternoon Evening Lights
 Body Part Injured: _____ Left Right Both N/A
 Estimated Absence from Playing: _____ 1-7 days 1-3 weeks 3+ weeks Fatality
 Disposition: On-Site Care Only Ambulance to: _____
 Condition (Laceration, Concussion, Sprain, Fracture, etc.): _____
 Does injured person have other insurance? Yes No If yes, company: _____

Occasion:
 To/From Game To/ From Practice
 Warmups During Game
 Between Innings (_____ Inning)
 Practice: (Early) (Mid) (Late)
 Other: _____

Location:
 Base: (1st) (2nd) (3rd) (HP)
 Basepath: _____
 Infield
 Outfield
 Foul Territory
 Dugout
 Bullpen
 Locker Room
 Grandstand Seating
 Other: _____

Activity:
 Stretching/Conditioning
 Batting
 Running
 Sliding: (Fixed Base) (Breakaway Base)
 Catching
 Fielding
 Tagging
 Throwing
 Horseplay
 Other: _____

Area:
 Left Side of Field
 Right Side of Field
 Center Field
 Behind Home Plate
 Beyond Outfield Wall

Situation:
 Hit by: (Pitch) (Thrown Ball)
 (Bat) (Batted Ball)
 Other: _____
 Collision With: (Teammate) (Public)
 (Opponent) (Wall)
 Other: _____
 Non-Contact Injury
 Fall: (Slip) (Trip) (Pushed)
 Other: _____

Surface Involved:
 Grass Dirt
 Artificial Brick
 Wood Metal
 Other: _____

Describe How Accident Happened:

Special Circumstances:
 Not Applicable
 Protective Equipment Not Worn
 Despite Protective Equipment
 Rule Infraction: (Injured) (Another)
 Facility Related: (Explain)

 Other:

THIS PORTION MUST BE COMPLETED IN ITS ENTIRETY BY A COACH OR LEAGUE OFFICIAL AND INCLUDE A COPY OF THE NSA-BPA TEAM ROSTER.

Signature of Coach or League Official: _____ NSA-BPA Sanction #: _____
 Print Name of Coach or League Official: _____ Phone #: _____
 Address: _____ City: _____ St: _____ Zip: _____

Is team member covered by any other Sanctioning Body? Yes No If yes, whom? _____

Return completed form to: Thilman Filippini, LLC, One East Wacker Drive, Suite 1800, Chicago, IL 60601, Fax (312) 527-9509