

**BBAI
INJURY REPORT**

Injury Date: _____ *Time of Injury:* _____ *Location:* _____

Date Reported: _____ *Time Reported:* _____

Name of Injured: _____ *Parent Name/phone number:* _____

Home Address: _____

Date of Birth: _____ *SS# (Last 4 digits):* _____

Coach: _____ *Phone:* _____

PART OF BODY
Be as specific as possible (e.g. right index finger, left foot, etc.)

- | | |
|-------------------|-------------------|
| _____ 1. Head | _____ 15. Chest |
| _____ 2. Nose | _____ 16. Abdomen |
| _____ 3. Ears | _____ 17. Back |
| _____ 4. Eyes | _____ 18. Hip |
| _____ 5. Mouth | _____ 19. Knee |
| _____ 6. Face | _____ 20. Ankle |
| _____ 7. Jaw | _____ 21. Leg |
| _____ 8. Neck | _____ 22. Foot |
| _____ 9. Shoulder | _____ 23. Toe |
| _____ 10. Elbow | _____ 24. Body |
| _____ 11. Wrist | _____ 25. Heart |
| _____ 12. Arm | _____ 26. Lungs |
| _____ 13. Hand | _____ 27. Skin |
| _____ 14. Finger | _____ 28. Throat |

NATURE OF INJURY

- | | |
|---------------------------------|---------------------------|
| _____ 1. Laceration | _____ 9. Burns |
| _____ 2. Puncture | _____ 10. Shock |
| _____ 3. Contusion / Bruise | _____ 11. Inhalation |
| _____ 4. Sprain / Strain | _____ 12. Infection |
| _____ 5. Fracture / Dislocation | _____ 13. Hernia |
| _____ 6. Concussion | _____ 14. Skin Disorder |
| _____ 7. Amputation | _____ 15. Irritation |
| _____ 8. Foreign Matter | _____ 16. Unconsciousness |

INJURY CLASSIFICATION

Medical Treatment _____
 Restrictions (if yes, please describe): _____
 Lost Time _____
 First Aid _____
 Non-recordable (FYI) _____

TYPE OF INCIDENT

- | | | |
|-------------------------|-----------------------------|-----------------------|
| _____ 1. Animal | _____ 10. Falling Objects | _____ 19. Heat |
| _____ 2. Insect | _____ 11. Carrying Obj | _____ 20. Sun |
| _____ 3. Struck by Ball | _____ 12. Handling Objects | _____ 21. Altercation |
| _____ 4. Struck by bat | _____ 13. Pushing Objects | _____ 22. Plants |
| _____ 5. Sliding | _____ 14. Pulling Objects | _____ 23. Other |
| _____ 6. Slip | _____ 15. Lifting Objects | _____ |
| _____ 7. Trip | _____ 16. Striking Objects | _____ |
| _____ 8. Fall | _____ 17. Struck By Objects | _____ |
| _____ 9. Flying Objects | _____ 18. Stepped On | _____ |

Describe nature, extent and type of injury (if not listed above): _____

Describe fully how injury was sustained: _____

Witnesses (Name & Address):
 1) _____
 2) _____

Hospital: _____ Address: _____

Physician: _____ Admitted to Hospital: YES NO

Treatment Received: _____

