



Pittsburgh Power Injured Player Report

Date _____ Time _____ Location _____

Manager/Coach _____ Team _____

Injured Player _____

Mechanism of Injury

Nature of Injury

Actions Taken

EMS Notification Y N Time _____ Unit # _____

Player Transported to Hospital Y N Hospital _____

WITNESSES

Opposing Coach _____	Phone _____
Umpire _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____