



# DYBA Incident Report Form



Use this form to report any incident occurring during a DYBA activity that involves injury requiring medical attention or damage to property.

- Type of Incident (check all that apply):
- Injury to DYBA Player
  - Injury to adult DYBA Volunteer
  - Injury to other individual
  - Damage to property

DYBA activity at which the incident occurred (include whether a game or practice, league name, team names): \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date and Approximate Time of Incident: \_\_\_\_\_

Name of Injured Party or Property Owner: \_\_\_\_\_

Address of Injured Party or Property Owner: \_\_\_\_\_

Responsible DYBA Volunteer present at the incident: \_\_\_\_\_

Please provide a brief description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please submit the completed form to DYBA, PO Box 421, Deerfield, IL 60015

*DYBA maintains an excess medical insurance policy for all DYBA participants that pays for medical costs that the injured party's medical insurance does not cover. DYBA also maintains a liability policy that covers injury to non-DYBA participants and to property. All insurance claims must be submitted within 90 days of the incident.*