Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name:		League ID:		Incident Date:		
Field Name/Location:				Inci	dent T	īme:
Injured Person's Nam	ne:			Date of Birth:		
Address:				Age:	_Sex:	☐ Male ☐ Female
City:State ZII			P:	Home Phone:	()	
Parent's Name (If Player):				Work Phone: ()
Parents' Address (If Different):				City		
Incident occurred w	hile participating ir	n:				
A.) Baseball	□ Softball	☐ Challenger	☐ TAD			
B.) ☐ Challenger	☐ T-Ball (5-8)	☐ Minor (7-12)	☐ Major (9-	12) 🗖 Junio	or (13-	14)
,	☐ Big League (16-1	, ,	, ,	,	`	,
C.) Tryout	☐ Practice	☐ Game	☐ Tourname	ent ☐ Spec	ial Eve	ent
□ Travel to	□ Travel from	☐ Other (Describe	e):			
Position/Role of per	son(s) involved in	incident:				
D.) □ Batter	☐ Baserunner	☐ Pitcher	□ Catcher	☐ First	Base	☐ Second
☐ Third	☐ Short Stop	☐ Left Field	☐ Center F	ield ☐ Right	Field	Dugout
Umpire	☐ Coach/Manager	□ Spectator	□ Voluntee	r ☐ Othe	r:	
Type of injury:						
Was first aid require Was professional m (If yes, the player mu	edical treatment re	quired? ☐ Yes ☐	No If yes, w	hat:		
Type of incident and	d location:					
A.) On Primary Playing Field Base Path: Running or Sliding Hit by Ball: Pitched or Thrown or Batted Collision with: Player or Structure Grounds Defect Other:			☐ Seati ☐ Parki C.) Conces ☐ Volur	B.) Adjacent to Playing Field ☐ Seating Area ☐ Travel: ☐ Parking Area ☐ Car or ☐ Bike ☐ Walking ☐ Volunteer Worker ☐ Customer/Bystander ☐ Other:		J Travel: J Car <i>or</i> □ Bike <i>or</i> J Walking J League Activity
Please give a short	-					
Could this accident	have been avoided					
This form is for Little tive ideas in order to For all claims or injur Accident Notification Williamsport (Attentio a copy for District file Prepared By/Position	improve league safe ies which could beco Form available from on: Dan Kirby, Risk M s. All personal injurie	ity. When an accide ome claims, please your league presic lanagement Depar es should be report	ent occurs, ob fill out and to dent and send tment). Also, red to William	otain as much ir urn in the officia d to Little Leagu provide your Di sport as soon a	nforma I Little e Hea strict S is poss	tion as possible. League Baseball dquarters in Safety Officer with

Signature: _____ Date: ____