## **Activities/Reporting**

## A Safety Awareness Program's Incident/Injury Tracking Report

League Name:		League ID:		Incident Date:		
Field Name/Location:				Inci	dent Ti	me:
Injured Person's Nam	ne:			Date of Birth:		
Address:				Age:	Sex:	☐ Male ☐ Female
City:State ZIF			P:	Home Phone:	( )	
Parent's Name (If Player):			Work Phor		( )	
Parents' Address (If Different):				City		
Incident occurred w	hile participating ir	ո։				
A.)   Baseball	□ Softball	☐ Challenger	□ TAD			
B.) ☐ Challenger	☐ T-Ball (5-8)	☐ Minor (7-12)	☐ Major (9-	12) 🗇 Junio	r (13-1	4)
,	☐ Big League (16-1	, ,	, (	,	`	,
C.)  Tryout	☐ Practice	☐ Game	☐ Tourname	ent 🗇 Speci	ial Eve	nt
□ Travel to	□ Travel from	☐ Other (Describe	e):			
Position/Role of per	son(s) involved in	incident:				
D.) ☐ Batter	☐ Baserunner	☐ Pitcher	□ Catcher	☐ First I	Base	☐ Second
□ Third	☐ Short Stop	☐ Left Field	□ Center F	ield ☐ Right	Field	Dugout
□ Umpire	☐ Coach/Manager	□ Spectator	□ Voluntee	r ☐ Other	::	
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:  Please give a short description of incident:		C.) Concession Area  Uslumteer Worker Customer/Bystander			Travel: Car or ☐ Bike or Walking League Activity Other:	
	description of incid					
Could this accident						
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	ety. When an accide ome claims, please your league presic lanagement Depar es should be report	ent occurs, ob fill out and to lent and send tment). Also, ed to William	otain as much in urn in the official d to Little Leagu provide your Dis sport as soon a	format Little e Head strict S s poss	ion as possible. League Baseball Iquarters in afety Officer with

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