

Incident/Injury Tracking Report

League Name: Hillside Little League

League ID: 012 - 70 - 305

Incident Date: _____ Field Name/Location: _____

Incident Time: _____ Injured Person's Name: _____

Date of Birth: _____ Address: _____

Age: _____ Sex: Male Female City: _____ State _____ ZIP: _____

Home Phone: () _____ Parent's Name (If Player): _____

Work Phone: () _____ Parents' Address (If Different): _____

Incident occurred while participating in:

A.) Baseball Softball

B.) T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13-14) Senior (14-16) Big League (16-18)

C.) Practice Game Tournament Special Event Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) Batter Baserunner Pitcher Catcher First Base Second Third Short Stop Left Field Center Field Right Field Dugout Umpire Coach/Manager Spectator Volunteer

Other: _____ Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____ (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location: A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field

Base Path: Running or Sliding Seating Area Travel: Hit by Ball: Pitched or Thrown or

Batted Parking Area Car or Bike or Collision with: Player or Structure C.) Concession Area

Walking Grounds Defect Volunteer Worker League Activity

Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: (_____) _____

Signature: _____ Date: _____

Please send completed form to:

Safety Officer: Tony Taylor: Ph: 402-594-4953

League President: Crystal Anderson: Ph: 402-278-2311