



**ACCIDENT REPORT**

NAME (of injured party): \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PARENT / GUARDIAN EMAIL: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ FIELD NUMBER: \_\_\_\_\_

DIVISION (if injured player): \_\_\_\_\_

COACH NAME: \_\_\_\_\_ COACH PHONE #: \_\_\_\_\_

PERSON FILLING OUT THIS FORM: \_\_\_\_\_

TREATMENT RECEIVED: (Circle All that Apply)

First Aid at Field      To Doctor / Dentist      Hospital      Other

Brief description of injury / how it occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** This form is for Little League purposes only. When an accident happens, obtain as much information as possible. This form must be given to the SPLL Safety Officer by placing it in the safety officer's mailbox in the umpire room, near the Concessions Stand, within 48 hours of injury. Its purpose is to establish a record of all accidents and to ultimately make our overall Little League program safer for all participants and spectators.