

Activities/Reporting Big League Baseball

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: **Milford, Marietta Georgia** League ID: **031-00-219** Incident Date: _____
Field Name/Location: _____ Incident Time: _____
Injured Person's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: r Male r Female
City: _____ State _____ ZIP: _____ Home Phone: () _____
Parent's Name (If Player): _____ Work Phone: () _____
Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Practice Game Tournament Special Event
Travel to Travel from Other (Describe): _____

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

B.) Batter Base runner 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 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 a claim, 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: _____