A Safety Awareness Program's Incident/Injury Tracking Report

League Name: __Ladera Ranch Little League_____ League ID: 15 - 98 - 75 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): _____ City _____

Incident occurred while participating in:

A.) ❒ Baseball ❒ Softball ❒ Challenger ❒ TAD

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

C.) ❒ Tryout ❒ Practice ❒ Game ❒ Tournament ❒ Special Event
❒ Travel to ❒ Travel from ❒ 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
❒ Base Path: ❒ Running *or* ❒ Sliding
❒ Hit by Ball: ❒ Pitched *or* ❒ Thrown *or* ❒ Batted
❒ Collision with: ❒ Player *or* ❒ Structure
❒ Grounds Defect
❒ Other: _____

B.) Adjacent to Playing Field
❒ Seating Area
❒ Parking Area

C.) Concession Area
❒ Volunteer Worker
❒ Customer/Bystander

D.) Off Ball Field
❒ Travel:
❒ Car *or* ❒ Bike *or*
❒ Walking
❒ League Activity
❒ 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: _____