

# Central Chesterfield Little League Incident/Injury Tracking Report

League Name Central Chesterfield Little League League ID: 346 - 05 - 18 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: (\_\_\_\_) \_\_\_\_\_

Parent's 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  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 form prior 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 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 complete and return to JEFF RAWES (804-516-0025) within 24 hours of accident.