

Fort Hunt Little League Accident Report

This form is used to record and report all accidents, injuries, and incidents of any individual (player, manager, coach, umpire, volunteer, league official, or spectator) while involved in activities sanctioned by Fort Hunt Little League. When an accident occurs, obtain as much information as possible, fill out the form below, and provide to the FHLL Safety Officer.

2014 FHLL ACCIDENT REPORT

League Name: Fort Hunt Little League League ID: 346-09-02 Incident Date: _____
Field Name/Location: _____ Incident Time: _____
Accident category RED ___ ORANGE ___ YELLOW ___ BLUE ___
Injured Person's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: Male Female
City: _____ State VA ZIP: 22308 Home Phone: _____
Parent's Name (If Player): _____ Work Phone: _____
Parents' Address (If Different): _____

Incident occurred while participating in:

- A.) T-Ball/"A" (5-8) "AA", "AAA" Minor (8-12) Major (9-12) Intermediate (11-13) Juniors (13-14)
B.) Tryout Practice Game Tournament Special Event Travel to Travel from Other (Describe):

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

- C.) 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: _____

Please give a short description of incident:

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

Type of incident and location:

- On Primary Playing Field Adjacent to Playing Field Off Ball Field Concessions
 Seating Area League Activity:
 Travel: Car or Bike or Walking or Parking Area
 Base Path: Running or Sliding
 Hit by Ball: Pitched or Thrown or Batted Parking Area
 Collision with: Player or Structure Volunteer Worker Customer/Bystander
 Grounds Defect Other: _____

Safety check YES NO, Recommendations:

(Safety officer) Was professional medical treatment required? Yes No If yes, what:

(If yes, the player must present a non-restrictive medical release prior to a game/practice.)

Prepared By / Position: _____
Phone number: _____

Signature: _____ Date: _____