

Accident / Incident
Report Form

Name of Injured: _____

Date/Time: _____

Address: _____

Phone: _____

Team/Manager: _____

Division in Which Accident Occurred:

- Junior Majors Minors Challenger T-Ball Softball

How Did Accident Happen?

Struck By:

Pitched Ball	
Batted Ball	
Thrown Ball	
Bat	

Collided With:

Fence	
Backstop	
Hit Dirt too hard sliding	
Umpire / Manager / Player	

Other:

Tripped	
Fell	
Over Exertion	
Pre-Existing Med. Cond.	

Injury Type:

Head	
Face	
Eye	
Nose	

Ear (R/L)	
Arm (R/L)	
Wrist (R/L)	
Finger (R/L)	

Thumb (R/L)	
Elbow	
Upper Leg (R/L)	
Lower Leg (L/R)	

Ankle (R/L)	
Foot (R/L)	
Back (U/M/L)	
Other:	

Unsafe Condition?

	Yes	No
Uneven field surface such as holes, humps, etc.		
Foreign objects such as glass, rakes, stones, etc.		
Congestion during practice or game		
Weather conditions such as rain, sun, darkness		
Poor Fitting protective equipment		
Other:		

Unsafe Acts?

	Yes	No
Mishandled ball		
Mishandled bat		
Poor evasive action		
Incorrect sliding form		
Not watching the ball		
Awkward position		
Player out of position		
Lack of grip on bat		

Yes No

	Yes	No
Poor running form		
Wild pitch		
Wild throw		
Wild swing		
Distracted		
Lack of attention		
Horseplay		
Other		

Brief Statement of What Happened:

- No Treatment Needed First Aide at Field To Doctor To Hospital Other: _____

NOTE: This form is for Little League purposes only. When an accident happens- obtain as much information as possible. Send this form to the CLL Safety Officer and he/she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer. The reason for this form is to establish a record of all accidents prior to any lawsuits and to provide Little League Baseball, Incorporated and Cheltenham Little League with advanced information.