

AYBSA Accident Report

Incident/Injury/ Accident Tracking Report. To be prepared by Team Manager and sent to the League Director ASAP

League Name: _____ Team Name _____ 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

B.) T-Ball (5-8) Minor (7-12) Major (9-12) Softball (13-14)

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? r Yes r No If yes, what: _____

Was professional medical treatment required? r Yes r 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 **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 r Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Arlington Youth Baseball and Softball League purposes only, to report accidents,

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.

Prepared By/Position: _____ Phone Number: (_____) _____

Signature: _____ Date: _____