



HOPKINTON LITTLE LEAGUE INJURY REPORT

Date of Injury: _____ Time: _____

Injured is a:

Player Coach Umpire Spectator

If Player, state Division: _____ Team Name: _____

Name of Injured: _____

Street: _____ Phone: _____

INJURY: _____

REPORT COMPLETED BY: _____

Signature: _____

TYPE OF ACCIDENT

Struck by:	Collision with:	Other:
<input type="checkbox"/> Pitched ball	<input type="checkbox"/> Other Player	<input type="checkbox"/> Tripped
<input type="checkbox"/> Batted ball	<input type="checkbox"/> Fence	<input type="checkbox"/> Fell
<input type="checkbox"/> Thrown ball	<input type="checkbox"/> Backstop	<input type="checkbox"/> Sliding
<input type="checkbox"/> Bat	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

CONTRIBUTING FACTORS/CONDITIONS

<input type="checkbox"/> uneven field, hole, bump, etc.	<input type="checkbox"/> awkward position
<input type="checkbox"/> foreign object, glass, stone, etc.	<input type="checkbox"/> player out of position
<input type="checkbox"/> congestion at game/practice	<input type="checkbox"/> lack of grip on bat
<input type="checkbox"/> weather, rain, sun, darkness	<input type="checkbox"/> poor running form
<input type="checkbox"/> lack of, poor fit of equipment	<input type="checkbox"/> wild pitch
<input type="checkbox"/> mishandled ball	<input type="checkbox"/> wild throw
<input type="checkbox"/> mishandled bat	<input type="checkbox"/> wild swing with bat
<input type="checkbox"/> poor evasive action	<input type="checkbox"/> distracted, lack of attention
<input type="checkbox"/> incorrect sliding form	<input type="checkbox"/> horseplay
<input type="checkbox"/> not watching ball	<input type="checkbox"/> other:

TREATMENT

No Treatment Needed: _____

First Aid at Field TYPE: _____

Transport to Doctor/Hospital by:

Ambulance Fire Police Parent

Coaches: Complete one form for every injury occurring during practice or games. Give copy to the parent of any injured child and send a copy to the Safety Officer and League President and indicate whether faulty equipment or field conditions were a contributing factor so these may be immediately corrected.

Comments/Suggestions: _____

Safety Officer: Jeff Striek – jstriek@gmail.com

League President: Jason Mahon – mahonjp@hotmail.com