

Incident Tracking Report

Please Note: 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 or safety officer and send to Little League Headquarters in Williamsport. All personal injuries should be reported to Williamsport as soon as possible.

This form is for Georgetown Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. Completed forms should be returned to a field director or to the back room of the concession stand.

League Name: Georgetown Little League **City:** Jenison, MI **League ID:** 122 - 09 - 11 & 122 - 09 - 13

Field # or Location: _____ **Incident Date:** _____

Injured Person's Name: _____ **Incident Time:** _____

(Complete this portion if injured person is not registered with Georgetown Little League as a player or coach)

Address: _____ **Date of Birth or Age:** _____ **Sex:** Male Female

City: _____ **State:** _____ **ZIP:** _____ **Home Phone:** () _____

Parent's Name (If Player): _____ **Cell Phone:** () _____

Parents' Address (If Different): _____ **City:** _____

Incident occurred while participating in:

A) Baseball Softball Training and Development

B) T-Ball (5-6) Coach Pitch (6-9) Kid Pitch (8-9) AA (8-10) Minors (9-10) AAA (10-12)
 Sr. Minors (11-12) Majors (10-12) 50/70 (12-13) Junior (13-14) Senior (14-16) Big League (16-18)

C) Tryout Practice Game Tournament Travel to Travel from Other: _____

Position/Role of all person(s) involved in incident: Batter Baserunner Pitcher Catcher First Base
 Second Third Short Stop Left Field Center Field Right Field Player in Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of incident and location:

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: _____

Adjacent to Playing Field: Seating Area Parking Area Open Lawn Area

Concession Area: Volunteer Worker Customer/Bystander

Off Ball Field: Travel: Car or Bike or Walking League Activity Other: _____

Please give a short description of incident: _____

Type of injury: (ankle sprain, cut, sore arm, etc.) _____

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 prior to being allowed in a game or practice.)

Was player suspected of sustaining a concussion? Yes No
(If yes, the player must be immediately removed from game or practice activities and must not return until they present written clearance from an appropriate health care professional.)

Could this accident have been avoided? How: _____

Prepared By: _____ **Position:** Manager
(print name) Coach Director **Report Date:** _____
 Parent Spectator

Signature: _____ **Phone Number:** _____