

**For Local League Use Only****A Safety Awareness Program's  
Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 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 Challenger TAD
- B.)** Challenger T-Ball Minor Major Intermediate (50/70)  
Junior Senior ☐ Big League
- 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?** 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 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 Other: \_\_\_\_\_

**Please give a short description of incident:** \_\_\_\_\_  
\_\_\_\_\_**Could this accident have been avoided? How:** \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_