



**CHINO HILLS LITTLE LEAGUE ACCIDENT / INJURY REPORT FORM**

*Report any incident that causes a player/coach/umpire to receive medical treatment and/or first aid.*

**SUMMARY:**

Player Injured: \_\_\_\_\_ Date and Time of Injury: \_\_\_\_\_

Name and phone number of person filling out this form: \_\_\_\_\_

Age of Player: \_\_\_\_\_ Sex: \_\_\_\_\_

Team and Division: \_\_\_\_\_ Coach Name and Number \_\_\_\_\_

Player Injured Home Address: \_\_\_\_\_

Player Injured Phone Number: \_\_\_\_\_

Field Number or Name: \_\_\_\_\_

Exact location injured on the playing field: \_\_\_\_\_

Incident occurred during (Please Check): Game ( ) Practice ( ) Other ( ) \_\_\_\_\_

What was the injured player doing when the incident occurred? \_\_\_\_\_

Who else was involved? \_\_\_\_\_

What specific parts of the body were injured? \_\_\_\_\_

**IMMEDIATE ACTION TAKEN:**

(Please Check)

No treatment of injury: ( )

First aid administered: ( ) Type of first aid: \_\_\_\_\_

Taken to a physician: ( ) Person's name escorting injured player: \_\_\_\_\_

Taken to hospital: ( ) Hospital name: \_\_\_\_\_

Were Fire/EMS/Police called and/or transported injured player: ( ) If so, what hospital: \_\_\_\_\_

Was a parent / relative / guardian notified (Circle One): Yes No

If "YES": Name and relationship to injured player: \_\_\_\_\_

**FOLLOW UP:**

Please explain any follow up action taken by the manager, coach, team mom, etc.:  
(Example: Coach calls injured player at home)

\_\_\_\_\_

Comments or suggestions on how this injury could be avoided in the future:

\_\_\_\_\_

Complete and email within 24 hours of the incident to:

League Safety Director, [SafetyCHLL@gmail.com](mailto:SafetyCHLL@gmail.com)

**NOTE: This form is used by CHLL for tracking and safety purposes. The safety officer will follow up with the injured party within 48 hours to verify information and discuss claim options. It should be noted this is not an insurance form for Little League.**