

League Name: San Clemente Little League League ID: 405-55-09 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 (5-8) Minor (7-12) Major (9-12) Junior (13-14) Senior (14-16) Big League (16-18)
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 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 Little League purposes only, to report 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 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 and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: Phone Number: ()

Signature: Date: