

PTWLL Injury Report

Activities/Reporting

A Safety Awareness Program's
Incident/Injury Tracking Report

League Name: PTWLL League ID: 230-01-15

Incident Date: [Click here to enter text.](#)

Incident Time: [Click here to enter text.](#)

Field Name/Location: [Click here to enter text.](#)

Injured Person's Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Age: [Click here to enter text.](#) Sex: Male Female

Address: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Work Phone: [Click here to enter text.](#)

Parent's Name (If Player): [Click here to enter text.](#)

Parent's Address (If Different): [Click here to enter text.](#)

Incident occurred while participating in: [Click on appropriate box below](#)

- 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): [Click here to enter text.](#)

Position/Role of person(s) involved in incident: [Click on appropriate box below](#)

- D.) Batter Base runner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: [Click here to enter text.](#)

Type of Injury: [Click here to enter text.](#)

Was First Aid required? Yes No If Yes, what: [Click here to enter text.](#)

Was professional medical treatment required? Yes No If Yes, what: [Click here to enter text.](#)

(If yes, the player must present a non-restrictive medical release form prior to being allowed in a game or practice.)

Type of Incident and location: [Click on appropriate box below](#)

A.) 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: [Click here to enter text.](#)

B.) Adjacent to Playing Field

- Seating Area
 Parking Area
 Concession Area
 Volunteer Worker
 Customer/Bystander

D.) Off Ball Field

- Travel
 Car or Bike
 Walking
 League Activity
Other: [Click here to enter](#)

Please give short description of incident: [Click here to enter text.](#)

Could this accident have been avoided? How: [Click here to enter text.](#)

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: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Signature: [Click here to enter text.](#) Date: [Click here to enter text.](#)

By typing your name here, you are agreeing to a signature

Please email a copy to Frank Neglia at fneglia75@gmail.com within 24 hours.

If serious injury occurs, please contact Safety officer Elena Fletcher 973-830-9690 **ASAP!**