

YORK COUNTY LITTLE LEAGUE

PRELIMINARY ACCIDENT REPORT

This form is for purposes of YCLL only. To report safety hazards, unsafe practices, and/or to contribute positive ideas in order to improve league safety. This form also establishes a record of all accidents and provides League officials with advance information of a potential claim. This form is to be used:

- Any time a player is removed from a game due to injury
- Ice is needed for an injury
- If a player has an open wound (blood)

When an accident occurs, obtain as much information as possible. Return this form to the League Safety Officer or to a Commissioner.

PART I:

Injured Person's Name: _____ *first* _____ *last* _____ Date of Birth: ____ / ____ / ____
 Incident Date: _____ Incident Time: _____ Team Name: _____
 Address: _____ Age: _____ Sex: M F
 City: _____ State: _____ ZIP: _____ Phone: _____
 Parents Name (If player): _____ Phone: _____
 Parents Address (If different): _____ City: _____

PART II:

Incident occurred while participating in:

- Baseball Softball Challenger Tryout
 Practice Game Tournament Special Event

Position/Role of person(s) involved in incident:

- Batter Base Runner Pitcher Catcher First Base Second Base
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach Spectator Volunteer Other: _____

Incident Location:

- On Field Running Sliding Base Path Fielding
 Adjacent to Field Bleachers Parking Area Concession Common Area
 Off Field Bike Car Walking League Activity

Type of Incident:

- Hit by Ball Hit by Bat Collision Grounds Defect Equipment Defect
 Other: _____

Field conditions: _____

Weather conditions: _____

Witness names: _____

Describe Injury below:

First Aid Required? Yes No Emergency Services Required? Yes No

If answered yes to above, please describe:

SIGNATURES: Manager _____ Coach _____ Other _____