



Incident/Injury Report

Incident Date: _____ Incident Time: _____ Field Name/Location: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Parent's Name (if Player): _____ Cell Phone: _____
 Parent's Address (if different): _____ City: _____

Incident occurred while participating in:

- A. PV In-house T-ball Little Braves
- B. LCYBL 8U 10U 12U 14U 16U
- C. Evaluation Practice Game Tournament Special Event
 Travel to Travel from Other _____

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

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

Type of Injury: _____

Was first aid required? Yes No If yes, what? _____
 (If yes, player must present a nonrestrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> A. On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision w/: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> B. Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area C. Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander | <ul style="list-style-type: none"> D. Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____ |
|---|--|--|

Please give a short description of the incident: _____

Could this accident have been avoided? How? _____

Prepared By/Position: _____ Phone # _____
 Signature: _____ Date: _____

Please send this to the PVYB Safety Officer within 48 hours of the incident.
 Send to: PVYB PO Box 25 Intercourse, PA 17534 or email to: contact@pequeavalleybaseball.com