## LEAGUE CITY LL PRELIMINARY ACCIDENT REPORT

**NAME:(injured)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MANAGER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRACTICE OR GAME (CIRCLE ONE) TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER DOB:\_\_\_\_\_\_\_\_\_\_\_\_ FIELD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER AGENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### DIVISION IN WHICH ACCIDENT OCCURRED: NATIONAL AMERICAN

 MAJOR AAA/AA SINGLE A ROOKIE T-BALL CHALLENGER

No treatment needed First Aid at field To doctor To hospital Other

***Struck by: Collided with: Other:***

1. Pitched ball 5. Fence 8. Tripped

2. Batted ball 6. Backstop 9. Fell

3. Thrown ball 7. Hit dirt too hard by sliding 10. Over exertion

4. Bat 8. Umpire, Manager, Coach 11. Pre-existing Med. Cond.

Unsafe Conditions? Yes No

1. Uneven field surface such as holes, humps, etc. \_

2. Foreign objects, such as glass, rakes, stones, etc. \_

3. Congestion during practice or games \_

4. Weather conditions, such as rain, sun, darkness \_

5. Lack of poor-fitting, protective equipment. \_

6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unsafe Acts? Yes No

1. Mishandled ball 7. Player out of position 13. Distracted

2. Mishandled bat 8. Lack of grip on bat 14. Lack of attention

3. Poor evasive action 9. Poor running form 15. Horseplay

4. Incorrect sliding form 10. Wild pitch 16. Other

5. Not watching the ball 11. Wild throw

6. Awkward position 12. Wild swing

Brief Statement of What Happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness(es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This form is for Little League purposes only to aid in accident tracking and prevention.

 When an accident happens obtain as much information as possible. Send a copy of this form to the LCLL Safety Officer

The reason for this form is to establish a record of all accidents and to provide Little League Baseball, Incorporated and League City Little League with advanced information.

LCLL Safety Officer Info: Parental contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_