



WILSONVILLE LITTLE LEAGUE INJURY AND INCIDENT TRACKING FORM

INCIDENT DATE: _____ INCIDENT TIME: _____ INCIDENT FIELD/LOCATION: _____
 INJURED PERSON'S NAME: _____
 INJURED PERSON'S DOB: _____ AGE: _____ MALE ___ FEMALE ___
 ADDRESS: _____
 PARENT NAME: _____
 PHONE NUMBER(S): _____

Incident occurred while participating in:

- A. Baseball Softball Challenger TAD
- B. Challenger T-ball Minor Major Intermediate (50/70) Junior Senior Big League
- C. Tryout Practice Game Tournament Special Event Travel to Travel From
- D. Other _____

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

- A. Batter Baserunner Pitcher Catcher 1st Base 2nd Base 3rd Base Short Stop Left Field Center Field
 Right Field Dugout Umpire Coach/Manager Spectator Volunteer
- B. Other _____

Type of injury: _____

Was first aid required? Yes No If yes, describe:

Was professional medical treatment required? Yes No If yes, explain:

(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
<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 with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure
<input type="checkbox"/> Grounds Defect
<input type="checkbox"/> Other: _____ | 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 | D: Off Ball Field
<input type="checkbox"/> Travel : <input type="checkbox"/> Car or <input type="checkbox"/> Walking
<input type="checkbox"/> League Activity
<input type="checkbox"/> Other _____ |
|---|---|---|

Provide a short description of incident:



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Could this accident have been avoided?

This form is for local little league use only (do not send to Little League International). This document should be used to evaluate potential 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 accident claims or injuries that could become claims to any eligible participant under the Accident Insurance Policy, please complete the Accident Notification Claim Form. For claims to non-eligible participants please fill out the General Liability Form. Forms available at www.littleleague.org Send to Little League International.

PREPARED BY/POSITION: _____

PHONE NUMBER: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____