***For Local League Use Only***

## Activities/Reporting

**A Safety Awareness Program's Incident/Injury Tracking Report**

League Name: Smithfield League ID: ____ - ___ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ❒ Male ❒ Female

City: _____ State _____ ZIP: _____ Home Phone: ( ) _____

Parent's Name (If Player): _____ Work Phone: ( ) _____

Parents' Address (If Different): _____ City _____

**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 ❒ Other (Describe): _____

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

**D.)** ❒ Batter ❒ Baserunner ❒ Pitcher ❒ Catcher ❒ First Base ❒ Second
❒ Third ❒ Short Stop ❒ Left Field ❒ Center Field ❒ Right Field ❒ Dugout
❒ Umpire ❒ Coach/Manager ❒ Spectator ❒ Volunteer ❒ Other: _____

**Type of injury:** _____

_____

**Was first aid required?** ❒ Yes ❒ No If yes, what: _____

**Was professional medical treatment required?** ❒ Yes ❒ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

**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: _____

**B.)** Adjacent to Playing Field
- ❒ Seating Area
- ❒ Parking Area

**C.)** Concession Area
- ❒ Volunteer Worker
- ❒ Customer/Bystander

**D.)** Off Ball Field
- ❒ Travel:
- ❒ Car *or* ❒ Bike *or*
- ❒ Walking
- ❒ League Activity
- ❒ Other: _____

**Please give a short description of incident:** _____

_____

**Could this accident have been avoided? How:** _____

This form is for local Little League use only (should not be sent 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 available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____