

**Tigard Little League Accident Reporting Form**

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

B)  T-Ball  Coach Pitch  Single A  Double AA  Triple AAA  Majors (9-12)

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 B) Adjacent to Playing Field D) Off Ball Field

Base Path:  Running *or*  Sliding  Seating Area  Travel:

Hit by Ball:  Pitched *or*  Thrown *or*  Batted  Parking Area  Car *or*  Bike

Collision with:  Player *or*  Structure C) Concession Area *or*  Walking

Grounds Defect  Volunteer Worker  League Activity

Other: \_\_\_\_\_  Customer/Bystander  Other: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Could this accident have been avoided? How:** \_\_\_\_\_

This form is for Little League purposes only, to report 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.

Prepared By/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_