**PTWLL Injury Report**

**Activities/Reporting A Safety Awareness Program’s Incident/Injury Tracking Report**

**League Name:** **PTWLL League ID**: 230-01-15

**Incident Date**: **Incident Time**:

**Field Name/Location**:

**Injured Person’s Name**:

**Date of Birth**:

**Age**: **Sex:** ☐ Male ☐ Female

**Address**:

**Home Phone:** **Work Phone:**

**Parent’s Name (If Player):**

**Parent’s Address** (If Different):

**Incident occurred while participating in:**

1. ☐ Baseball Softball ☐ Challenger ☐ TAD☐
2. ☐ Challenger T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14) ☐

Senior (14-16) ☐ Big League (16-18) ☐

1. Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event ☐

Travel to ☐ Travel from ☐ Other (Describe):

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

1. Batter ☐ Base runner ☐ 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 form prior 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 ☐ | Walking ☐ |
| Grounds Defect ☐ | Volunteer Worker ☐ | League Activity ☐ |
| Other: | Customer/Bystander ☐ | Other: |

**Please give 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. For all claims or injuries, which could become claims, please fill out and turn in the official

Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan

Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

**Prepared by/Position:** **Phone Number:**

**Signature:** **Date:**

**Please email a copy to Frank Neglia at fneglia75@gmail.com within 24 hours.**

**If serious injury occurs, please contact Safety officer Elena Fletcher 973-830-9690 ASAP!**