

PLAYER ACCIDENT/INCIDENT REPORT

PLEASE PRINT ALL INFORMATION AS CLEARLY AS POSSIBLE



Complete Tournament Game Number: _____

Date/Time: _____

Name of Injured Player: _____

Address: _____

Phone: _____ Team: _____ Manager: _____

How Did Accident Happen?

Struck By:

Pitched Ball	
Batted Ball	
Thrown Ball	
Bat	

Collided With:

Fence	
Backstop	
Hit Dirt too hard sliding	
Umpire / Manager / Player	

Other:

Tripped	
Fell	
Over Exertion	
Pre-Existing Med. Cond.	

Injury Type:

Head	
Face	
Eye	
Nose	

Ear (R/L)	
Arm (R/L)	
Wrist (R/L)	
Finger (R/L)	

Thumb (R/L)	
Elbow	
Upper Leg (R/L)	
Lower Leg (L/R)	

Ankle (R/L)	
Foot (R/L)	
Back (U/M/L)	
Other:	

Unsafe Condition?

Uneven field surface such as holes, humps, etc.
 Foreign objects such as glass, rakes, stones, etc.
 Congestion during practice or game
 Weather conditions such as rain, sun, darkness
 Poor Fitting protective equipment
 Other: _____

	Yes	No

Unsafe Acts?

	Yes	No
Mishandled ball		
Mishandled bat		
Poor evasive action		
Incorrect sliding form		
Not watching the ball		
Awkward position		
Player out of position		
Lack of grip on bat		

	Yes	No
Poor running form		
Wild pitch		
Wild throw		
Wild swing		
Distracted		
Lack of attention		
Horseplay		
Other		

Brief Statement of What Happened:

No Treatment Needed First Aide at Field To Doctor To Hospital Other: _____

Note: This form is for PA District 22 purposes only. When an accident happens- obtain as information as possible. Return the completed form in the game envelope as soon as possible after the game. The District will forward a copy to Little League Headquarters in Williamsport and retain a copy in the District files. The reason for this form is to establish a record of all accidents prior to any lawsuits and to provide Little League Baseball, Incorporated and PA District 22 with advanced information.