

Little League Baseball
Accident Investigation Report

League: Canyon Hills Little League League ID: 4052309
Incident Date: _____ Time: _____ Field Name/Location: _____
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.) Challenger T-Ball A AA AAA Major
 Junior Senior Big League
B.) Tryout Practice Game Tournament Special Event
 Other (Describe): _____

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

- C.) 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 prior to being allowed in a game or practice.)

Type of incident and location:

- | | | |
|--|---|---|
| D.) On Primary Playing Field | E.) Adjacent to Playing Field | G.) Off Ball Field |
| <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding | <input type="checkbox"/> Seating Area | <input type="checkbox"/> Travel: |
| <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted | <input type="checkbox"/> Parking Area | <input type="checkbox"/> Car or <input type="checkbox"/> Bike |
| <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure | F.) Concession Area | or <input type="checkbox"/> Walking |
| <input type="checkbox"/> Grounds Defect | <input type="checkbox"/> Volunteer Worker | <input type="checkbox"/> League Activity |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Customer/Bystander | <input type="checkbox"/> 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.

Please fill out and return to:
Patty or Dave Zickefoose
Safety Officers
Phone: (909) 597-4372

Prepared By/Position: _____ Phone Number: (_____) _____
Signature: _____ Date: _____