

**Tracy American/National  
Little League's**

**PRELIMINARY ACCIDENT REPORT**

1. General Information:

PLAYERS NAME: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_

(Injured)DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

PHONE #: \_\_\_\_\_  
ZIP: \_\_\_\_\_

2. Medical Treatment:

COMMENTS: \_\_\_\_\_

- No treatment needed
- First aid at field
- To doctor
- 911- to hospital

3. Division of Play:

COMMENTS: \_\_\_\_\_

- Seniors
- Juniors
- Major
- Minor A
- Minor B
- Farm
- T-ball

Name of Team: \_\_\_\_\_

Manager/ Coach: \_\_\_\_\_ PERSON REPORTING THIS  
INCIDENT

Manager phone: \_\_\_\_\_ DAY \_\_\_\_\_ EVENINGS

Umpires \_\_\_\_\_

4. Accident Cause:

Struck By/ Against	Collision With	Falls
<input type="checkbox"/> Pitched ball	<input type="checkbox"/> Other player	<input type="checkbox"/> Base
<input type="checkbox"/> Batted ball	<input type="checkbox"/> Fence	<input type="checkbox"/> Dirt
<input type="checkbox"/> Thrown ball	<input type="checkbox"/> Base	<input type="checkbox"/> Player
<input type="checkbox"/> Bat	<input type="checkbox"/> Backstop	<input type="checkbox"/> Obstacle
<input type="checkbox"/> Other / List:	<input type="checkbox"/> Other / List:	<input type="checkbox"/> Other / List:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Unsafe Condition:

- Uneven field surface, such as holes and dirt mounds
- Foreign objects such as glass, rakes, stones, bottles, etc
- Equipment congestion during practice or games
- Weather conditions
- Lack of, or poor fitting protective equipment
- OTHER/LIST: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

6. Unsafe Acts:

<input type="checkbox"/> Mishandled ball	<input type="checkbox"/> Mishandled bat	<input type="checkbox"/> Incorrect sliding	<input type="checkbox"/> Not watching or paying attention
<input type="checkbox"/> Awkward body positions	<input type="checkbox"/> Player out of position	<input type="checkbox"/> Lack of grip on bats	<input type="checkbox"/> Poor running skills
<input type="checkbox"/> Wild pitch	<input type="checkbox"/> Wild throw	<input type="checkbox"/> Wild swing with bat	<input type="checkbox"/> Distracted
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Unlaced shoes	<input type="checkbox"/> Faulty equipment	<input type="checkbox"/> Other / List:

7. Statement of the Accident:

Brief statement of what happened:

\_\_\_\_\_

\_\_\_\_\_

A Note To Managers and Coaches:

The purpose of this form is to establish a record of all accidents so that the necessary accident forms can be completed by the Safety Officer.