

# Shrewsbury Little League Injury Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

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.)** A / Tee     AA / Rookie     AAA / Minors     Majors     Juniors     Seniors

**C.)** Tryout     Practice     Game     Tournament     Special Event

Other (Describe): \_\_\_\_\_

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

**D.)** Batter     Base runner     Pitcher     Catcher     First Base     Second

Third     Short Stop     Left Field     Center Field     Right Field     Dugout

Umpire     Coach/Mgr.     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: \_\_\_\_\_

**Location:**

**A.)** On Primary Playing Field     **B.)** Adjacent to Playing Field     **C.)** Concession Area     **D.)** Off Ball Field

**Type of incident:**

Base Path: Running / Sliding     Hit by Ball: Pitched / Thrown / Batted

Collision w/: Player or Structure     Seating Area / Parking Area / Car / Bike / Walking

Grounds Defect     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. This form is to be returned to the League Safety Director.

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

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