

2009 Incident/Injury Tracking Report West Windsor Little League (WWLL)

League Name: West Windsor Little League (WWLL) League ID: 1701136 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.) T-Ball Rookie AAA Minor Major Junior
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from 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/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:

- | | | |
|--|---|--|
| A.) On Primary Playing Field | B.) Adjacent to Playing Field | D.) Off Ball Field |
| <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <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 or |
| <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure | C.) Concession Area | <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. For all claims or injuries that 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: _____

Within 24-48 Hours of Incident
Complete and Return this form to:

Barry Mathes, 2009 WWLL Safety Officer
Phone: 609-936-0484, Fax: 609-275-6964,
email: bmops9@aol.com