

# PRELIMINARY ACCIDENT REPORT

(Little League Use Only)

**Northshore American Little League Little League ID No. 4470801**

Date of Injury \_\_\_\_\_ Field Location/No. of Injury \_\_\_\_\_

Name (Injured) \_\_\_\_\_ Manager Name/Team \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

1. **TREATMENT REQUIRED:** No Treatment Needed \_\_\_\_ First Aid @ Field \_\_\_\_  
To Doctor \_\_\_\_

To Hospital \_\_\_\_ Other (Describe) \_\_\_\_\_

2. **TEAM/DIVISION WHICH ACCIDENT OCCURED:** Team Name \_\_\_\_\_

Senior Major \_\_\_\_ Senior Minor \_\_\_\_ Majors \_\_\_\_ Minors \_\_\_\_ Farm \_\_\_\_ Super  
78 \_\_\_\_

T-Ball \_\_\_\_ Fastpitch Senior \_\_\_\_ Fastpitch Major \_\_\_\_ Fastpitch Minor \_\_\_\_  
Fastpitch Farm \_\_\_\_

3. **TYPE OF ACCIDENT:**

Struck By: Collision With: Other:

1. Pitched Ball \_\_\_\_ 1. Other Player \_\_\_\_ 1. Tripped \_\_\_\_
2. Batted Ball \_\_\_\_ 2. Fence \_\_\_\_ 2. Fell \_\_\_\_
3. Thrown Ball \_\_\_\_ 3. Backstop \_\_\_\_ 3. Over-Exertion \_\_\_\_
4. Bat \_\_\_\_ 4. Other (Describe) \_\_\_\_\_ 4. Sliding \_\_\_\_
5. Other (Describe) \_\_\_\_\_ 5. Other (Describe) \_\_\_\_

**4. ACCIDENT CAUSES:**

**Unsafe Conditions** Yes No

1. Uneven field surface such as holes, lumps, etc.\_\_\_\_ \_\_\_\_
  2. Foreign objects, such as glass, rakes, stones, bottles, etc.\_\_\_\_ \_\_\_\_
  3. Congestion during practice or games\_\_\_\_ \_\_\_\_
  4. Weather conditions, such as rain, sun, darkness\_\_\_\_ \_\_\_\_
  5. Lack of or poor fitting equipment\_\_\_\_ \_\_\_\_
  6. Other (Describe)
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**Unsafe Acts** Yes OR No

1. Miss handled ball\_\_\_\_\_
2. Poor evasive action \_\_\_\_ \_\_\_\_
3. Incorrect sliding form\_\_\_\_ \_\_\_\_
4. Not watching ball\_\_\_\_ \_\_\_\_
5. Awkward position\_\_\_\_ \_\_\_\_
6. Player out of position\_\_\_\_ \_\_\_\_
7. Lack of grip on bat \_\_\_\_\_
8. Poor Running Form\_\_\_\_ \_\_\_\_
9. Wild Pitch\_\_\_\_ \_\_\_\_
10. Awkward position\_\_\_\_ \_\_\_\_
11. Wild swing with bat\_\_\_\_ \_\_\_\_
12. Distracted\_\_\_\_ \_\_\_\_
13. Lack of attention\_\_\_\_ \_\_\_\_
14. Other (Describe) \_\_\_\_\_

**5. BRIEF STATEMENT OF WHAT HAPPENED (Use Back Of Form If Needed):**

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Manager Signature: \_\_\_\_\_

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

Note: This form is for Little League purposes only. When an accident happens obtain as much information as possible. Send a copy of this form to Northshore Little League, Attn: John Christianson, PO Box 1764, Bothell, Washington 98041.

THE REASON FOR THIS FORM IS TO ESTABLISH A RECORD OF ALL ACCIDENTS PRIOR TO ANY LAWSUITS AND TO PROVIDE THE LITTLE LEAGUE BASEBALL WITH ADVANCE INFORMATION.