

# GHLL Incident/Injury Tracking Report

League Name: Granada Hills Little League League ID: \_\_\_ - \_\_\_ - \_\_\_ Incident Date: \_\_\_ / \_\_\_ / \_\_\_

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

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parent's Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_

## Incident occurred while participating in:

**A)** Baseball Softball Challenger

**B)** Challenger T-Ball (4-6) Farm (6-8) Minor (8-12) Major (9-12) Junior (13-15)

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

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

**D)** Batter Baserunner Pitcher Catcher 1B 2B 3B

SS LF CF RF Dugout Umpire Spectator

Volunteer Coach/Manager 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

Base Path Running or Sliding

Hit by Ball Pitched or Thrown or Batted

Collision With: Player or Structure

Grounds Defect

Other: \_\_\_\_\_

**B)** Adjacent to Playing Field

Seating Area

Parking Area

**C)** Concession Area

Volunteer Worker

Customer/Bystander

**D)** Off Ball Field

Travel:

Car or Bike

or Walking

League Activity

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 which could have 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: \_\_\_\_\_