

EAU GALLIE LITTLE LEAGUE ACCIDENT REPORT FORM

League Identification Numbers: Blue 3080208 Gold 3080209

Full Name _____ Address _____ City,Zip _____ Phone Number _____

Date of Accident _____ Site of Accident _____

No Treatment Needed First Aid at Field To Doctor To Hospital Other _____

Baseball Softball Player Manager/Coach Spectator

Division In Which Accident Occurred

Tee Ball Minor A Minor B Major Junior Senior

Type of Accident (Check all that apply)

Struck By:

Pitched Ball

Batted Ball

Thrown Ball

Bat

Collision With:

Another Player

Fence

Backstop

Sliding into Base

Other:

Tripped

Fell

Hit dirt too hard while sliding

Accident Causes (Check all that apply)

Uneven field surface (holes, humps, etc.)

Foreign objects (glass, rakes, stones, bottles, etc)

Congestion during practice or games

Weather conditions (rain, sun, darkness, etc)

Lack of, or poor fitting, protective equipment

Mishandled ball

Mishandled bat

Poor evasive action

Incorrect sliding form

Not watching the ball

Awkward position

Player out of position

Lack of grip on bat

Poor running form

Wild pitch

Wild throw

Wild swing with bat

Distracted

Lack of attention

Horseplay

Brief description of injury and statement of incident (use other side if necessary): _____

This form is for Little League purposes only. When an accident happens, obtain as much information as possible. Send this form in person or by mail to the Safety Officer, Eau Gallie Little League, PO Box 361606, Melbourne, FL 32936-1606.

Complete this form within 48 hours of the incident.