

Hillside Little League, Omaha, NE.
Preliminary Safety Incident Report

(For Hillside Little League Us Only: to be filled out by coach or adult with first-hand knowledge of incident)

Date: _____ Time: _____ AM/PM

Name of Injured: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parents Name: _____ Ph: (H) _____ (W) _____

Result or Action taken:

- | | | |
|--|---|---|
| <input type="checkbox"/> No Treatment Needed | <input type="checkbox"/> First Aid at Field | <input type="checkbox"/> Sent to Physician |
| <input type="checkbox"/> Sent to Hospital | <input type="checkbox"/> Declined Treatment | <input type="checkbox"/> Other (Please Explain on rear) |

Division where Incident Occurred:

- | | | | | | |
|--------------------------------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | | | | |
| <input type="checkbox"/> T-Ball/Farm | <input type="checkbox"/> Minor | <input type="checkbox"/> Major | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior | <input type="checkbox"/> Big League |

Other Explain: _____

Type of Incident:

Struck by:

- Pitched Ball
- Batted Ball
- Thrown Ball
- Bat

Collision with:

- Other Player
- Fence
- Backstop
- Car

Other:

- Tripped
- Fell
- Over-Exertion
- Hit Ground during slide

Other Explain: _____

Accident Cause:

Unsafe Conditions:

Yes No

- | | | |
|---|-------|-------|
| • Uneven field surface, such as holes, bumps etc. | _____ | _____ |
| • Foreign objects, such as glass, rakes, stones, cans, bottles etc. | _____ | _____ |
| • Player congestions during practice or games. | _____ | _____ |
| • Weather conditions, such as rain, temperature, darkness. | _____ | _____ |
| • Lack of, or poor-fitting protective equipment or clothing. | _____ | _____ |

• Other Explain: _____

Preliminary Safety Incident Report (Cont)

Unsafe Acts:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
• Mishandled Ball	___	___	Poor Running Form	___	___
• Mishandled Bat	___	___	Wild Pitch	___	___
• Poor Evasive Action	___	___	Wild Throw	___	___
• Incorrect sliding form	___	___	Wild swing with the bat	___	___
• Not paying attention to the ball	___	___	Distracted	___	___
• Awkward position	___	___	Player out of position	___	___
• Player out of position	___	___	Horse Play	___	___
• Other Explain: _____					

Please write a brief statement of what happened: _____

Signature: _____ **Ph No.** _____ **Date:** _____

Safety Officer: Neil Moseman: Daytime Ph: 402-398-0288 Nighttime Ph: 402-203-8705
League President: Al Monaco: Daytime Ph: 402-679-5064 Nighttime Ph: 402-679-5064

NOTE: This form is for Hillside Little League use only. When any type of accident occurs, obtain as much information as possible. Forward this sheet to your League Safety Officer or League President. They will forward a copy to the District 3 Administrator.

PURPOSE OF THIS FORM:

To establish a record of all incidents for Little League Baseball, and to allow the League and District to chart each type of injury to determine if a trend is occurring which can be corrected.