



P.O. Box 1042, Moon Township, PA 15108 ★ www.MoonBaseball.com

Preliminary Accident/Incident Report - League ID# 2-38-04-07

Player's Name: _____

Date: _____

Phone #: _____

Parent Name: _____

Manager Name: _____

Player Address: _____

A. League Accident/Incident Occurred: (Please Circle)

- Tee-Ball - Midget - Minor - Little - Pony - Colt - Legion

B. Field Accident/Incident Occurred: (Please Circle)

- Baker I - Baker II - Devenzio - Krane
 - Whispering Woods - McCormick - Full-Size Field (Moon Park) - Brooks
 - Baker Batting Cages - Devenzio Batting Cages - Other: _____

C. Type of Accident/Incident: (Please Circle all that apply)

STRUCK BY:

- Pitched Ball
 - Batted Ball
 - Thrown Ball
 - Bat
 - Other: _____

COLLISION WITH:

- Other Player
 - Fence
 - Backstop
 - Umpire/On-Field Coach
 - Other: _____

OTHER:

- Tripped/Fell
 - Over-Exertion
 - While Sliding
 - Concession Stand
 - Other: _____

D. Causes of Accident/Incident: (Check all that apply)

- Uneven field surface (i.e. holes, humps, etc.) Foreign objects (i.e. Glass, rakes, stones, bottles, etc.)
 Congestion during practices or games Weather conditions (i.e. rain, darkness, temp, etc.)
 Lack of (or poor fitting) protective equipment Other (please explain): _____

E. Contributing Acts to the Accident/Incident: (Check all that apply)

- Mishandled Bat Mishandled Ball Poor Evasive action Improper Slide
 Not paying attention Poor Bat Grip Wild Pitch Wild Throw
 Wild Swing Horseplay Lack of supervision Other

F. Outcome of Accident/Incident: (Please circle)

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

G. Please provide a brief statement of what happened: _____

H. Please provide any recommended corrective measures needed: _____

I. Name of person completing form: _____ **Phone Number:** _____

NOTE: This form is for Little League purposes only. When an accident occurs, obtain as much information as possible. Within 24 hours, please send a copy of this form to the League Safety Officer at the following address:

Jason Aiello - PO Box 1042 - Moon Township, PA 15108
In case of medical emergency, telephone the Safety Officer with-in 24 hours at: 412-216-1039

THIS FORM IS TO ESTABLISH A RECORD OF ALL ACCIDENTS AND PROVIDE THE LEAGUE AND HEADQUARTERS WITH RELEVANT SAFETY INFORMATION