**Glens Falls Little League Accident Report**

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

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injured Name/Age :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Name/Phone #:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Name/Phone #** :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Name/Phone #:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Aid Rendered :**

\_\_\_\_\_None

\_\_\_\_\_Ice Pack

\_\_\_\_\_Band Aid

\_\_\_\_\_911 called

\_\_\_\_\_Emergency Room

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_

**Injured Person**

\_\_\_\_Player

\_\_\_\_Umpire

\_\_\_\_Coach/Manager

\_\_\_\_Spectator

\_\_\_\_Volunteer

**Describe the Accident :**

**Location of Accident**

**(Check all that apply)**

\_\_\_\_\_Field # 1

\_\_\_\_\_Field # 2

\_\_\_\_\_Field # 3

\_\_\_\_\_Field # 4

\_\_\_\_\_Base path

\_\_\_\_\_Infield

\_\_\_\_\_Outfield

\_\_\_\_\_Home Dugout

\_\_\_\_\_Visitor Dugout

\_\_\_\_\_Home Bleachers

\_\_\_\_\_Visitor Bleachers

\_\_\_\_\_Walkway

\_\_\_\_\_Common Grass Area

\_\_\_\_\_Batting Cage

\_\_\_\_\_Equipment Shed

\_\_\_\_\_Storage Garage

\_\_\_\_\_Concession Stand

\_\_\_\_\_Parking Lot

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injury**

\_\_\_\_\_Abrasion

\_\_\_\_\_Concussion

\_\_\_\_\_Contusion

\_\_\_\_\_Dislocation

\_\_\_\_\_Fracture

\_\_\_\_\_Insect Bite/sting

\_\_\_\_\_Laceration

\_\_\_\_\_Puncture

\_\_\_\_\_Sprain

\_\_\_\_\_Heat stroke

\_\_\_\_\_Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of game being played**

\_\_\_\_\_\_Tee Ball

\_\_\_\_\_\_Softball

\_\_\_\_\_\_Baseball

**Accident Cause**

\_\_\_\_\_Sliding

\_\_\_\_\_Tagging

\_\_\_\_\_Hit by ball

\_\_\_\_\_Hit by Bat

\_\_\_\_\_Running

\_\_\_\_\_Collision w/player

\_\_\_\_\_Collision w/structure

\_\_\_\_\_Slip/Trip/Fall

\_\_\_\_\_Horseplay

\_\_\_\_\_Other

**Injured Player Position**

\_\_\_\_Batter

\_\_\_\_Base Runner

\_\_\_\_Pitcher

\_\_\_\_Catcher

\_\_\_\_First Base

\_\_\_\_Second

\_\_\_\_Third

\_\_\_\_Short Stop

\_\_\_\_Left Field

\_\_\_\_Center Field

\_\_\_\_Right Field

\_\_\_ Umpire/Coach

**Body Part**

\_\_\_\_\_Abdomen

\_\_\_\_\_Ankle/Foot

\_\_\_\_\_Arm

\_\_\_\_\_Back

\_\_\_\_\_Chest

\_\_\_\_\_Ear

\_\_\_\_\_Elbow

\_\_\_\_\_Eye

\_\_\_\_\_Face

\_\_\_\_\_Foot

\_\_\_\_\_Finger

\_\_\_\_\_Hand

\_\_\_\_\_Head

\_\_\_\_\_Hip

\_\_\_\_\_Knee

\_\_\_\_\_Leg

\_\_\_\_\_Mouth

\_\_\_\_\_Nose

\_\_\_\_\_Neck

\_\_\_\_\_Shoulder

\_\_\_\_\_Wrist