



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

Completed By : _____ Date Completed : _____