

Incident / Injury Report

League Name: **South Ottawa Little League** League ID: **557 - 06 - 07**

Incident Date: _____ Field Name/Location: _____

Incident Time: _____ Involved Person's Name: _____

Date of Birth: _____ Address: _____

Age: _____ Sex: Male Female City: _____ Prov _____ PC: _____

Home Phone: () _____ Parent's Name (If Player): _____

Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A) BlastBall (4-5) T-Ball (5-6) Coach Pitch (7-8) Minor (9-10) Major (11-12)

Junior (13-14) Senior (15-16) Big League (16-18)

B) Tryout Practice Game Tournament Special Event

Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

C) Batter Base runner Pitcher Catcher First Base Second Third Short Stop

Left Field Center Field Right Field Dugout Umpire Coach/Manager Spectator

Volunteer Other: _____

Type of injury / incident:

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No

If yes, what: _____

Type of incident / injury and location:

A) On Primary Playing Field **B)** Adjacent to Playing Field **D)** Off Ball Field:
Base Path: Running or Sliding Seating Area Travel:
Hit by Ball: Pitched or Thrown or Batted Parking Area Car or
Bike or Collision with: Player or Structure **C)** Concession Area Walking
Grounds Defect Volunteer Worker League Activity
Other: _____ Customer/Bystander Other: _____

Please give a short description of incident / injury:

Could this incident / injury have been avoided? How:

Prepared By/Position (please print): _____

Phone Number: (_____) _____

Signature: _____

Date: _____

Return to:

Peggy Pratt, President
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Bernie Beauchemain, Umpire-in-Chief
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