

Safety Plan Manual

Springville Little League Preliminary Accident Report

(Springville Little League Use Only. Complete and submit to Safety Officer or Snack Shack within 24 hrs of injury.)

NAME: (Injured) _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____

1. Action taken regarding injury:

No treatment needed _____ First Aid at Field _____ Sent to Doctor _____ Sent to Hospital _____
Name of Hospital _____ Other (specify) _____

2. Which Division did accident occur in?

T-Ball (4-6) _____ Minors (7-9) _____ Majors (10-12) _____ Seniors (13-16) _____
Softball (7-9) _____ Softball (9-13) _____ Softball (13+) _____
CEBA (17u) _____ CEBA (21u) _____

Type of Accident:

Struck by:	Collision With:	Other:
• Pitched Ball _____	Other Player _____	Tripped _____
• Batted Ball _____	Fence _____	Fell _____
• Thrown Ball _____	Backstop _____	Over-extension _____
• Bat _____	Other _____	Sliding _____

Accident Causes:

Unsafe Conditions:	YES	NO
1. Uneven field surface, such as holes, humps, etc.	_____	_____
2. Foreign objects, such as glass, rakes, hoses, stones, etc.	_____	_____
3. Pedestrian/traffic congestion at game or practice	_____	_____
4. Weather conditions such as rain, sun, darkness	_____	_____
5. Lack of or poorly fitted equipment	_____	_____
6. Other: _____	_____	_____

Unsafe Acts:	YES	NO	YES	NO	
1. Mishandled ball	_____	_____	9. Poor running form	_____	_____
2. Mishandled bat	_____	_____	10. Wild pitch	_____	_____
3. Poor evasive action	_____	_____	11. Wild throw	_____	_____
4. Incorrect sliding form	_____	_____	12. Wild swing with bat	_____	_____
5. Not watching the ball	_____	_____	13. Distracted	_____	_____
6. Awkward position	_____	_____	14. Lack of attention	_____	_____
7. Player out of position	_____	_____	15. Horseplay	_____	_____
8. Lack of grip on bat	_____	_____	16. Other	_____	_____

Brief statement of what happened:

