

# Accident Notification Procedure

## Accident Reporting Procedures

### What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

### When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2013 is: **Jim Ploh** and can be reached at **313.216.4252** day or night.

### How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are a telephone conversations. At a minimum, the following information must be given:

- Name and Phone Number of person involved
- Date, time and location of the incident.
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of the any injuries
- Name and phone number of the person reporting the incident

### Safety Officer's Responsibilities

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and :

1. Verify the information received
2. Obtain any other information deemed necessary;
3. Check on the status of the injured party; and
4. In the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the \_\_\_\_\_ Little League's insurance coverage's and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

#### General Liability Claim Form

Send Completed form to:  
Little League Baseball and Softball  
530 US Road, 15 Hwy, PO Box 3485  
Williamsport, Pennsylvania 17701-0485  
(717) 326-1021 Fax: (717) 326-1025

Telephone immediate notice to Little League International

Incident: Name of League \_\_\_\_\_ CN \_\_\_\_\_  
League ID Number \_\_\_\_\_  
(Used as location code)  
Position in League \_\_\_\_\_  
Address of League Official (Street, City, State, Zip) \_\_\_\_\_  
Phone No. (Res.) \_\_\_\_\_  
Phone No. (Bus.) \_\_\_\_\_

Date and Place of Accident: Date of Accident \_\_\_\_\_ Hour \_\_\_\_\_ AM ☐ PM ☐  
Accident occurred at (Street, City, State, Zip) \_\_\_\_\_  
Was Police Report made? If yes, where? ☐ Yes ☐ No  
Description of Accident: State cause and describe facts surrounding accident (Use reverse side of needed)

Coverage Data: Who owns Premises \_\_\_\_\_ Person in charge of Premises \_\_\_\_\_  
Lease \_\_\_\_\_ Generate \_\_\_\_\_ Period: \_\_\_\_\_ Conf. \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Dates: \_\_\_\_\_  
Is there any other insurance applicable to this risk? ☐ Yes ☐ No

Property Damage: Name of Owner \_\_\_\_\_ Description of Property \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
Number and extent of damages and estimate of repair \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_  
Occupation \_\_\_\_\_ Age \_\_\_\_\_ Married ☐ Single ☐  
Phone No. (Res.) \_\_\_\_\_  
Signature of League Official \_\_\_\_\_ Position in League \_\_\_\_\_  
Date of Report \_\_\_\_\_

**LITTLE LEAGUE, BASEBALL AND SOFTBALL**  
**ACCIDENT NOTIFICATION FORM**  
**INSTRUCTIONS**

1. This form must be completed by parents if claimant is under 18 years of age and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/ dental treatment must be rendered within 30 days of the Little League accident.

2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.

3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 90 days of the accident, subject to Excess Coverage and Exclusion provisions of the plan.

5. Limited deferred medical benefits may be available for necessary treatment incurred after 90 days. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.

6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

Send Completed Form To:  
Little League International  
530 US Road, 15 Hwy, PO Box 3485  
Williamsport, PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 717-327-1074 Fax: 717-326-4260

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League Name \_\_\_\_\_ League ID \_\_\_\_\_

Name of Injured Person/Claimant \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Male ☐ Female ☐

Name of Parent/Guardian, if Claimant is a Minor \_\_\_\_\_ Home Phone (Inc. Area Code) \_\_\_\_\_ Bus. Phone (Inc. Area Code) \_\_\_\_\_

Address of Claimant \_\_\_\_\_ Address of Parent/Guardian, if different \_\_\_\_\_

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. ("Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please check the appropriate boxes below. If YES, follow instruction 3 above.)

Does the insured Person/Parent/Guardian have any insurance through: \_\_\_\_\_

Individual Plan ☐ Other ☐ School Plan ☐ Dental Plan ☐ Life ☐ Other ☐

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Type of Injury \_\_\_\_\_

Describe exactly how accident happened, including playing position at the time of accident: \_\_\_\_\_

Check all applicable responses in each column:

☐ SOFTBALL ☐ T-BALL ☐ CHALLENGER ☐ LITTLE LEAGUE (6-12) ☐ JUNIOR (12-14) ☐ SENIOR (14-18) ☐ PLAYERS ☐ MANAGER ☐ COACH ☐ VOLUNTEER UMPIRE ☐ PLAYER AGENT ☐ OFFICIAL SCOREKEEPER ☐ SAFETY OFFICER ☐ VOLUNTEER WORKER ☐ TRYOUTS ☐ PRACTICE ☐ SCHEDULED GAME ☐ TRAVEL TO ☐ TRAVEL FROM ☐ TOURNAMENT ☐ OTHER (Describe) \_\_\_\_\_

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photocopy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Signature of Parent/Guardian (Signature in a two parent household, both parents must sign this form.) \_\_\_\_\_

Date \_\_\_\_\_ Signature of Claimant/Parent/Guardian \_\_\_\_\_

For Residents of California: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information, or consents for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information, or consents for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NAME OF LEAGUE \_\_\_\_\_ NAME OF INJURED PERSON/CLAIMANT \_\_\_\_\_ LEAGUE ID NUMBER \_\_\_\_\_

NAME OF LEAGUE OFFICIAL \_\_\_\_\_ POSITION IN LEAGUE \_\_\_\_\_

ADDRESS OF LEAGUE OFFICIAL \_\_\_\_\_ TELEPHONE NUMBERS (Inc. Area Codes) \_\_\_\_\_ RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ FAX \_\_\_\_\_

Were you a witness to the accident? ☐ Yes ☐ No

Provide names and addresses of any known witnesses to the reported accident: \_\_\_\_\_

Check the boxes for all appropriate items below. At least one item in each column must be selected.

| POSITION WHEN INJURED | INJURY           | PART OF BODY | CAUSE OF INJURY         |
|-----------------------|------------------|--------------|-------------------------|
| 01 1ST                | 01 ABRASION      | 01 ABDOMEN   | 01 BATTED BALL          |
| 02 2ND                | 02 BITES         | 02 ANKLE     | 02 BATTING              |
| 03 3RD                | 03 CONCUSSION    | 03 ARM       | 03 CATCHING             |
| 04 4TH                | 04 CONTUSION     | 04 BACK      | 04 COLLISION            |
| 05 BENCH              | 05 DENTAL        | 05 CHEST     | 05 COLLIDING WITH FENCE |
| 06 BULLPEN            | 06 DISLOCATION   | 06 ELBOW     | 06 FALLING              |
| 07 CATCHER            | 07 DISMEMBERMENT | 07 ELBOW     | 07 HIT BY BAT           |
| 08 COACHING BOX       | 08 EPILEPSY      | 08 EYE       | 08 HORSEPLAY            |
| 09 DUCKOUT            | 09 FATALITY      | 09 FACE      | 09 PITCHED BALL         |
| 10 MANAGER            | 10 FRACTURE      | 10 FINGER    | 10 ROLLING              |
| 11 PLAYER             | 11 HEMATOMA      | 11 FOOT      | 11 SHARP OBJECT         |
| 12 PITCHER            | 12 HECROBRASH    | 12 HAND      | 12 SLIDING              |
| 13 OUTFIELD           | 13 LACERATION    | 13 HEAD      | 13 TAGGING              |
| 14 PUNTER             | 14 PUNCTURE      | 14 HIP       | 14 THROWING             |
| 15 RUNNER             | 15 RUPTURE       | 15 KNEE      | 15 THROWN BALL          |
| 16 SCOREKEEPER        | 16 SPRAIN        | 16 LEG       | 16 UNKNOWN              |
| 17 SHORTSTOP          | 17 SUNSTROKE     | 17 LIPS      | 17 UNKNOWN              |
| 18 TOPGOWN GAME       | 18 OTHER         | 18 MOUTH     | 18 UNKNOWN              |
| 19 UMPIRE             | 19 UNKNOWN       | 19 NECK      | 19 UNKNOWN              |
| 20 OTHER              | 20 PARALYSIS     | 20 NOSE      | 20 UNKNOWN              |
| 21 UNKNOWN            | 21 PARALYSIS     | 21 SHOULDER  | 21 UNKNOWN              |
| 22 WARNING UP         | 22 UNKNOWN       | 22 SIDE      | 22 UNKNOWN              |
|                       |                  | 23 TEETH     | 23 UNKNOWN              |
|                       |                  | 24 TESTICLE  | 24 UNKNOWN              |
|                       |                  | 25 WRIST     | 25 UNKNOWN              |
|                       |                  | 26 UNKNOWN   | 26 UNKNOWN              |
|                       |                  | 27 FINGER    | 27 UNKNOWN              |

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO

If YES, are they "Mandatory" or "Optional"? At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date \_\_\_\_\_ Signature of League Official \_\_\_\_\_

Current forms found at [www.littleleague.org](http://www.littleleague.org) under forms tab