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| [http://lglls.sportslink.ws/FileArea/110676/logo.gif](http://lglls.sportslink.ws/Default.aspx?PID=110676) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loudoun Girls Little League Softball Incident Reporting Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Event Type:** | | | | | | | | | | |  | | **Game** | | | |  | | | | **Practice** | | | | | | | |  | | | | | **Other:** | | | | |  | | | | | | | | | |  |
| **Scheduled Date/Time:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Location:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Reported By:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | ****Date/Time:**** | | | | | | | | | | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Game Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Team:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Manager:** | | | | | | | | | | |  | | | | | | | | |  |
| **Visiting Team:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Manager:** | | | | | | | | | | |  | | | | | | | | |  |
| **Umpire in Chief:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Umpires:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Scorers:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Announcers:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Number of Spectators:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Concession Stand:** | | | | | | | | | | | **Permanent** | | |  | | | | | | | **Mobile** | | | | | | |  | | | | | | | | | **None** | | | | | | | |  | | | |  |
| **Weather Conditions:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Practice Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Team:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Manager: | | | | | | | | | | |  | | | | | | | | |  |
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| Field Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Inspected By:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Deficiencies:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Disposition:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Equipment Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Team:** | | | | | | | |  | | | | **Inspected By:** | | | | | |  | | | | | | | | | | | | | | **Date/Time:** | | | | | | | | | | |  | | | | | |  |
| **Removed Equipment:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Visiting Team:** | | | | | | | |  | | | | **Inspected By:** | | | | | |  | | | | | | | | | | | | | | **Date/Time:** | | | | | | | | | | |  | | | | | |  |
| **Removed Equipment:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Injury Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time of Injury:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Location:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Name:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Player** | |  | | | | | **Manager/Coach** | | | | | | | | | |  | | | | | | **Spectator** | | | | | | | | | | | |  | | | | | | **Umpire** | | | | | | |  |  |
| **Other:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Description of Injury:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Accident Type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Base Path:** | | | | | | | | | **Running** | | | | |  | | | | | **Sliding** | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  |
|  | **Hit by Ball:** | | | | | | | | | **Pitched** | | | | |  | | | | | **Thrown** | | | | | | | | | | |  | | | | | **Batted** | | | | | | | | | |  | | |  |
|  | **Collision:** | | | | | | | | | **With Player** | | | | |  | | | | | **With Structure** | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  |
|  | **Seating Area:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Parking Area:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Concession Area:** | | | | | | | | | **Worker** | | | | | |  | | | | | | **Customer** | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  |
|  | **Other:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **First Aid Administered** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Bandage** | | | | | |  | | | **Ice Pack** | | | | | | | | | |  | | | | | **Fluids** | | | | | |  | | | | | | | | | **None** | | | | | | | |  | |  |
| **Ambulance Called** | | | | | | |  | | | | **Refused First Aid** | | | | | | | |  | | | | | **Other:** | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| **Disposition:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Parental Notification:** | | | | | | | | **Parent(s)/Guardian(s) On Scene** | | | | | | | | | | | | | | | | | |  | | | | | | | **Notified At:** | | | | | | | | | | |  | | | | |  |
| **Little League Accident Form** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Accident Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Suspicious Incident Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Description of the Incident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Safety Officer Tracking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ****Initial Notification of Incident:**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Report Received:**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Follow Up Contacts**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Board of Directors Notified**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****District Administrator / District Safety Officer Notified**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Regional Administrator Notified**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Little League Accident Claim Form Received**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Little League General Liability Claim Form Received**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| ****Little League Claim Form Submitted**** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Disposition / Corrective Actions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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