



Loudoun South Little League Incident Reporting Form

Event Information

Event Type:	<input type="checkbox"/> Game	<input type="checkbox"/> Practice	<input type="checkbox"/> 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 <input type="checkbox"/>	Mobile <input type="checkbox"/>	None <input type="checkbox"/>
Weather Conditions:	_____		

Practice Information

Team:	_____	Manager:	_____
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Field Inspection

Inspected By:	_____
Deficiencies:	_____
Disposition:	_____

Equipment Inspection

Home Team:	<input type="checkbox"/>	Inspected By:	_____	Date/Time:	_____
Removed Equipment:	_____				
Visiting Team:	<input type="checkbox"/>	Inspected By:	_____	Date/Time:	_____
Removed Equipment:	_____				

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

Accident Information

Suspicious Incident Information

Description of the Incident

