



North Penn Baseball Association

PRELIMINARY ACCIDENT / INCIDENT REPORT

League Name: _____ Date: _____

Name of Injured: _____ Injury Date: _____

Address: _____ Phone: _____

City: _____ Zip: _____

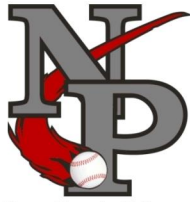
- | | | |
|--|---|---|
| <input type="checkbox"/> No Treatment Needed | <input type="checkbox"/> First Aid At Field | <input type="checkbox"/> Sent To Doctor |
| <input type="checkbox"/> Sent To Hospital | <input type="checkbox"/> Declined Treatment | <input type="checkbox"/> Other (Please Explain) |

DIVISION WHERE ACCIDENT OCCURRED:

- | | | | |
|--------------------------------|--------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Minor | <input type="checkbox"/> Major | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |
| <input type="checkbox"/> LLSB | <input type="checkbox"/> SRSB | <input type="checkbox"/> BLSB | <input type="checkbox"/> T-ball/Farm |

TYPE OF ACCIDENT:

- | <u>Struck by:</u> | <u>Collision with</u> | <u>Other</u> |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Pitched ball | <input type="checkbox"/> Other Player | <input type="checkbox"/> Tripped |
| <input type="checkbox"/> Batted Ball | <input type="checkbox"/> Fence | <input type="checkbox"/> Fell |
| <input type="checkbox"/> Thrown Ball | <input type="checkbox"/> Backstop | <input type="checkbox"/> Over-Exertion |
| <input type="checkbox"/> Bat | | <input type="checkbox"/> Hit Ground too hard During Slide |
| | | <input type="checkbox"/> Other (Explain) |
-



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ACCIDENT CAUSES:

UNSAFE CONDITIONS:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Uneven field surface, such as holes, bumps etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Foreign objects, such as glass, rakes, stones, cans, bottles etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Player congestion during practice or games. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Weather conditions, such as rain, sun, darkness. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lack of, or poor-fitting protective equipment or clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

UNSAFE ACTS:

- | | <u>YES</u> | <u>NO</u> | | <u>YES</u> | <u>NO</u> |
|----------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| 1. Mishandled Ball | <input type="checkbox"/> | <input type="checkbox"/> | 9. Poor Running Form | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Mishandled Bat | <input type="checkbox"/> | <input type="checkbox"/> | 10. Wild pitch | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Poor evasive action | <input type="checkbox"/> | <input type="checkbox"/> | 11. Wild throw | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Incorrect sliding form | <input type="checkbox"/> | <input type="checkbox"/> | 12 Wild swing with the bat | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Not watching the ball | <input type="checkbox"/> | <input type="checkbox"/> | 13. Distracted | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Awkward position | <input type="checkbox"/> | <input type="checkbox"/> | 14. Lack of attention | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Player out of position | <input type="checkbox"/> | <input type="checkbox"/> | 15. Horse play | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Lack of grip on the bat | <input type="checkbox"/> | <input type="checkbox"/> | 16. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a brief statement of what happened: _____

NOTE: When any type of accident occurs, obtain as much information as possible. Forward this sheet to your league Safety Officer or League President.