

Accident Report Form

Monarch Little League Accident Report ID# _____

Name: (injured Party) Last First Middle initial Date

Address City State Zip Phone

Date of injury: _____

1. (check all that apply) No treatment needed _____ First aid at field _____
Doctor _____ Hospital _____ other _____

Name of Doctor or hospital if applicable: _____

Division in which Accident occurred: _____

Type of Accident:

Struck by:

1. Pitched ball _____
2. Batted ball _____
3. Thrown ball _____
4. Bat _____

Collision with:

5. Another Player _____
6. Fence _____
7. Backstop _____
8. Hit dirt too hard while sliding _____

Other:

9. Tripped _____
10. Fell _____
11. Over-exertion _____
12. Other _____

Please check one if you need more room for other use backside of form.

Unsafe Conditions: YES NO

1. Uneven field surface, such as holes, humps etc. _____
2. Foreign object, such as glass, rakes, stones, bottles, etc. _____
3. Congestion during practice or games _____
4. Weather conditions, such as rain, sun, darkness _____
5. Lack of, or poor-fitting, protective 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 _____ |

Please give a brief statement of what happened.

Name and phone number of responsible person that completed this form:

Note: This form is for Monarch Little League purposes only. When an accident occurs obtain as much information as possible. Send this form to:

Monarch Little League Safety Officer, PO Box 270150, Louisville, CO 80027