



**Baseball/Softball  
Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ Name of Coach \_\_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parent's Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**The incident occurred while participating in the following:**

- A) Baseball / Softball
- B) Tryout / Practice / Game
- C) Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:**

- A) Manager/ Umpire/ Coach / Manager / Spectator / Volunteer / Other: \_\_\_\_\_
- B) Location of incident: Batter/Base runner/ Pitcher / Catcher / 1st Base / 2<sup>nd</sup> / 3<sup>rd</sup> / Short Stop / Left Field  
Center Field / Right Field / Dugout

**Was first aid required?** Yes / No If yes, what: \_\_\_\_\_

**Was professional medical treatment required?** Yes / No If yes, what: \_\_\_\_\_  
(If yes, the Player must present a non-restrictive medical release before being allowed in a game or practice.)

**Type of incident and location:**

A) On Playing Field	B) Adjacent to Playing Field	C) Off Ball Field
Base Path: Running Sliding	Seating Area	Parking Lot: Pedestrian /Car /Walking
Hit by Ball: Pitched / Thrown / Batted	Concession Area	

**Please give a short description of the incident- Use the back of the sheet if necessary:**

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