

Baseball/Softball Incident/Injury Tracking Report

League Name: Na	ame of Coach	Incident Date:	
ield Name/Location:		Incident Time:	
Injured Person's Name:		Date of Birth:	
Address:		Age:	Sex: © Male © Female
City:	State ZIP:	lome Phone: ()
Parent's Name (If Player):	V	Vork 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 / 2nd / 3rd / 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 Fi	eld
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:			

immediately. Signature: _____ Date: _____ EXTRA DESCRIPTION/DETAIL SPACE

This form is for WPRD purposes only. Use this form to report all injuries, near misses, safety hazards, and unsafe practices. When an injury occurs, obtain as much information as possible. Then, please turn this form in to the RLC