

Greencastle Antrim Baseball/Softball Association Accident Report

NAME: (injured) _____

Date: _____

ADDRESS: _____

PHONE: _____

TEAM: _____

MANAGER: _____

DIVISION IN WHICH ACCIDENT OCCURED:

MAJOR: _____ MINOR: _____ ROOKIE: _____ T-BALL: _____ SOFTBALL: _____

JUNIOR: _____ SENIOR: _____

No Treatment Needed: _____ First Aid at Field: _____ Sent to Doctor: _____ Sent to ER: _____

HOW DID INJURY OCCUR?

- 1. Pitched ball: _____
- 2. Batted ball: _____
- 3. Thrown ball: _____
- 4. Thrown bat: _____
- 5. Collision with fence: _____
- 6. Collision with player: _____
- 7. Sliding: _____
- 8. Trip/Fall: _____
- 9. Heat: _____

UNSAFE CONDITIONS?

YES

NO

- 1. Uneven field surface such as holes, bumps, etc. _____
- 2. Foreign objects such as glass, stones, etc. _____
- 3. Congestion during practice or game _____
- 4. Weather conditions - rain, sun, darkness _____
- 5. Poor fitting equipment _____

UNSAFE ACTS?

YES

NO

- 1. Mishandled ball: _____
- 2. Mishandled bat: _____
- 3. Incorrect sliding: _____
- 4. Not watching ball: _____
- 5. Awkward position: _____
- 6. Player out of position: _____
- 7. Poor grip on bat: _____
- 8. Wild pitch: _____
- 9. Wild throw: _____
- 10. Lack of attention _____
- 11. Distraction: _____
- 12. Horseplay: _____
- 13. Other: _____

BRIEF STATEMENT OF WHAT HAPPENED: _____

When an accident occurs document as much information as possible and give this completed form to your league Director within 24 hours of the accident.