



This form is to be completed for every incident and forwarded to the League President within 24 hours of the incident.

Pottstown Little League

Incident Documentation Form

Practice	Team Name:	
Game	League/Division	
Field	Incident Date:	Time:
(If this is a game day, please complete the score)		
Home:	Visitors:	
Names of Person (s) involved.		
Name:	Name:	
Phone Number:	Phone Number:	
Date of Birth or Age:	Date of Birth or Age:	
Involvement:	Involvement:	
Name of person completing this report.		
Name:	Phone Number:	
Position or Title:	Date of Report:	
Detailed description of incident including estimation of injury or damage severity.		
League President Signature	date	League Safety Officer Signature
		date

<p>If additional space is needed, please use the back of this form.</p> <p>Also, please include a small diagram of the incident noting the position of players involved on the back of this form.</p> <p>This form must be given to your League President within 24 hours.</p> <p>The League Safety Officer must be notified by phone within 48 hours.</p>	<input type="checkbox"/> No Injury <input type="checkbox"/> Player Injury <input type="checkbox"/> Coach Injury <input type="checkbox"/> Umpire Injury <input type="checkbox"/> Volunteer Injury <input type="checkbox"/> Spectator Injury <input type="checkbox"/> Potential for Injury	<input type="checkbox"/> No Treatment needed <input type="checkbox"/> First Aid Given <input type="checkbox"/> No First Aid Given <input type="checkbox"/> Needs to see a Dr. <input type="checkbox"/> Needed EMS <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Other Incident	<input type="checkbox"/> No Property Damaged/Stolen <input type="checkbox"/> PLL Property Damaged <input type="checkbox"/> PLL Equipment Damaged <input type="checkbox"/> PLL Property /Equipment Stolen <input type="checkbox"/> Private Party Property Damaged <input type="checkbox"/> Private Party Notified <input type="checkbox"/> Potential for Damage/Theft	
	Struck by: <input type="checkbox"/> Pitched Ball <input type="checkbox"/> Batted Ball <input type="checkbox"/> Thrown Ball <input type="checkbox"/> Bat <input type="checkbox"/> Other	Collision with: <input type="checkbox"/> Other Player <input type="checkbox"/> Fence <input type="checkbox"/> Backstop <input type="checkbox"/> Bench/Bleachers <input type="checkbox"/> Other Player	Other: <input type="checkbox"/> Slip, Trip, or Fall <input type="checkbox"/> Base Sliding Incident <input type="checkbox"/> Heat Related Illness <input type="checkbox"/> Insect Sting <input type="checkbox"/> Other	

Additional space for narrative

Managers - Please indicate what factors lead to or caused this incident:

Managers - Please indicate what measures could be taken to prevent this incident:

Diagram (optional)

