

**Desert Ridge Little League
Incident / Injury Tracking Report**

Incident Date: _____ Incident Time: _____

Location: Highland JH Skyline HS Other: _____

Division (circle one): Junior Major Minor Rookie Coach Pitch T-Ball

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Home Phone: () _____

Parent's Name (if player) _____ Work Phone: () _____

Incident occurred while participating in (circle one):

Tryout Practice Game Tournament Other: _____

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

Batter Base runner Pitcher Catcher 1st Base 2nd Base 3rd Base

Shortstop Left Field Right Field Center Dugout Umpire

Coach / Manager Spectator Volunteer other: _____

Type of Injury: _____

Was first aid required? No Yes if yes, what: _____

Was professional medical treatment required? No Yes if yes, what: _____

Type of incident & location - (circle all that apply):

Base path: running sliding Other: _____

Hit by ball: pitched thrown batted _____

Collision w/: player structure

Please give a short description of incident (use back of form if needed): _____

Could this incident/injury have been avoided? How: _____

Prepared by: _____ Phone Number: _____ Date: _____

Reviewed by Safety Officer / Date: _____

Please return this form to a board member or the Safety Officer