

## 2010 Incident / Injury Report

League Name: **Gloucester Little League**

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

Incident Time: \_\_\_\_\_ Involved Person's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

### Incident occurred while participating in:

A) T-Ball Coach Pitch Minor Major Junior Senior

B) Tryout Practice Game Tournament Special Event

Travel to Travel from Other (Describe):  
\_\_\_\_\_

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

C) Batter Base runner Pitcher Catcher First Base Second Third Short Stop

Left Field Center Field Right Field Dugout Umpire Coach/Manager Spectator

Volunteer Other: \_\_\_\_\_

### Type of injury / incident:

\_\_\_\_\_

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

\_\_\_\_\_

Was professional medical treatment required? Yes No

If yes, what: \_\_\_\_\_

**Type of incident / injury and location:**

**A) On Primary Playing Field    B) Adjacent to Playing Field    D) Off Ball Field:**

- Base Path:     Running or     Sliding     Seating Area     Travel:  
 Hit by Ball:     Pitched or     Thrown or     Batted     Parking Area     Car or      
Bike or     Collision with:     Player or     Structure    **C) Concession Area**     Walking  
 Grounds Defect     Volunteer Worker     League Activity  
 Other: \_\_\_\_\_     Customer/Bystander     Other: \_\_\_\_\_

**Please give a short description of incident / injury:**

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

Prepared By/Position (please print): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

Patrick Gagné  
President  
Gloucester Little League