

## Westborough Little League & Softball INJURY REPORT



Date of Injury:	Time:
Injured is a:	
Player Coach Umpire	Spectator
If Player, state Division:	Team Name:
Name of Injured:	
Street:	Phone:
INJURY:	
REPORT COMPLETED BY:	

Signature:

## **TYPE OF ACCIDENT**

Struck by:	Collision with:	Other:
Pitched ball	Other Player	Tripped
Batted ball	Fence	Fell
Thrown ball	Backstop	Sliding
Bat	Other	Other:

## **CONTRIBUTING FACTORS/CONDITIONS**

uneven field, hole, bump, etc.	awkward position
foreign object, glass, stone, etc.	player out of position
congestion at game/practice	lack of grip on bat
weather, rain, sun, darkness	poor running form
lack of, poor fit of equipment	wild pitch
mishandled ball	wild throw
mishandled bat	wild swing with bat
poor evasive action	distracted, lack of attention
incorrect sliding form	horseplay
not watching ball	other:

## TREATMENT

No Treatment Needed:	
First Aid at Field TYPE	

Transport to Doctor/Hospital by:
Ambulance Fire Police Parent
Coaches: Complete one form for every injury occurring during practice or games. Give copy to the paren
of any injured child and send a copy to the Safety Officer and League President and indicate whether
faulty equipment or field conditions were a contributing factor so these may be immediately corrected.
Comments/Suggestions:

Send completed form to: president@westborolittleleague.org