



TCLL Incident/Injury Tracking Report



Name of Injured Person: _____ Male _____ Female _____

Name of Parent/Guardian, if injured is a player: _____ Informed of Injury: Yes ☐ No ☐

Address of Injured Person: _____ City: _____ Phone No.: _____

Date of Incident: _____ Time: _____ ☐ AM ☐ PM Location: _____

Division: _____ Name of Team: _____ Name of Manager: _____

Check all applicable responses in **each** column:

- | | | |
|---|--|--|
| <input type="checkbox"/> Player | <input type="checkbox"/> Practice | <input type="checkbox"/> Concession |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Game | <input type="checkbox"/> Grounds Keeping |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Travel To/From Game | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Volunteer Worker | <input type="checkbox"/> Tournament | |
| <input type="checkbox"/> Spectator | <input type="checkbox"/> Tryout | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED

- ☐ 1st
- ☐ 2ND
- ☐ 3RD
- ☐ BATTER
- ☐ BULLPEN
- ☐ CATCHER
- ☐ COACH
- ☐ COACHING BOX
- ☐ DUGOUT
- ☐ MANAGER
- ☐ ON DECK
- ☐ OUTFIELD
- ☐ PITCHER
- ☐ RUNNER
- ☐ SHORTSTOP
- ☐ UMPIRE
- ☐ OTHER: _____

INJURY

- ☐ ABRASION
- ☐ BITES
- ☐ CONCUSSION
- ☐ BRUISE
- ☐ DENTAL
- ☐ DISLOCATION
- ☐ FRACTURE
- ☐ CUT
- ☐ PUNCTURE
- ☐ STRAIN
- ☐ SPRAIN
- ☐ HEATSTROKE
- ☐ OTHER: _____

PART OF BODY

- ☐ ABDOMEN
- ☐ ANKLE
- ☐ ARM
- ☐ BACK
- ☐ CHEST
- ☐ ELBOW
- ☐ FOOT
- ☐ HAND
- ☐ HEAD
- ☐ NECK
- ☐ SHOULDER
- ☐ GROIN
- ☐ WRIST
- ☐ FINGER
- ☐ FACE (part) _____
- ☐ LEG ☐ Right ☐ Left
- ☐ part _____
- ☐ OTHER: _____

CAUSE OF INJURY

- ☐ BATTED BALL
- ☐ BATTING
- ☐ CATCHING
- ☐ COLLISION
- ☐ COLLIDING WITH FENCE
- ☐ FALLING
- ☐ HIT BY BAT
- ☐ HORSEPLAY
- ☐ PITCHED BALL
- ☐ RUNNING
- ☐ SLIDING
- ☐ SHARP OBJECT (what) _____
- ☐ TAGGING
- ☐ THROWING
- ☐ THROWN BALL
- ☐ OTHER: _____

Medical Treatment Given: ☐ Non ☐ Medical (what) _____ ☐ 1st Aid (what) _____

Ambulance Attended ☐ YES ☐ NO Injured Person Transported ☐ YES ☐ NO

Brief statement of what happened: _____

THIS FORM IS FOR TURTLE CLUB LITTLE LEAGUE PURPOSES ONLY AND THE INFORMATION COLLECTED IS STRICTLY CONFIDENTIAL. WHEN AN INCIDENT OCCURS OBTAIN AS MUCH INFORMATION AS POSSIBLE AND FORWARD THIS FORM TO THE TCLL SAFETY OFFICER WITHIN 72 HOURS OF THE OCCURENCE.

Date: _____ Name of person reporting (print): _____

Signature: _____

Signature of TCLL Safety Officer: _____

Doctor's note or form on file for player injured who received medical treatment: ☐ YES ☐ NO