

Nyack-Valley Cottage Little League

Preliminary Incident Report

Facility _____ Person Filing Report _____
 Division _____
 Person injured: _____
 Address: _____
 City: _____
 Age: _____

Division and Team Playing for in which incident occurred: _____

Type of Incident:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Struck by Pitch | <input type="checkbox"/> Collision w/ other player | <input type="checkbox"/> Tripped |
| <input type="checkbox"/> Struck by Batted Ball | <input type="checkbox"/> Collision w/ fence | <input type="checkbox"/> Fell |
| <input type="checkbox"/> Struck by thrown ball | <input type="checkbox"/> Collision w/ backstop | <input type="checkbox"/> Sliding |
| <input type="checkbox"/> Struck by thrown bat | <input type="checkbox"/> Collision w/ other | <input type="checkbox"/> Ground Hard |

Conditions causing the incident:

Problem with holes or humps in the field _____
 Foreign objects, such as glass, rocks, stones or other items _____
 Playing conditions due to weather or timing _____
 Problems with the equipment failure or lack of proper equipment _____
 Other _____

Action	Yes	No	Action	Yes	No
Mishandle ball	<input type="checkbox"/>	<input type="checkbox"/>	Poor Running Form	<input type="checkbox"/>	<input type="checkbox"/>
Mishandle bat	<input type="checkbox"/>	<input type="checkbox"/>	Wild pitch	<input type="checkbox"/>	<input type="checkbox"/>
Poor evasive action	<input type="checkbox"/>	<input type="checkbox"/>	Wild throw	<input type="checkbox"/>	<input type="checkbox"/>
Sliding Form	<input type="checkbox"/>	<input type="checkbox"/>	Wild swing	<input type="checkbox"/>	<input type="checkbox"/>
Awkward position	<input type="checkbox"/>	<input type="checkbox"/>	Distracted	<input type="checkbox"/>	<input type="checkbox"/>
Player out of position	<input type="checkbox"/>	<input type="checkbox"/>	Lack of attention	<input type="checkbox"/>	<input type="checkbox"/>
Horse Play	<input type="checkbox"/>	<input type="checkbox"/>	Poor bat grip	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed by: _____

Date: _____

Board Member / Safety Officer



S: 010

