



## WILSON YOUTH BASEBALL CAL RIPKEN INJURY REPORT

Please print neatly

League Name: **Wilson Youth Baseball Cal Ripken (WYB)** Incident Date: \_\_\_\_\_  
Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_ Male \_\_ Female  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent's Name (If Player) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parents' Address (If Different) \_\_\_\_\_ City: \_\_\_\_\_

### Incident occurred while participating in:

- A.)  Baseball  
B.)  T-Ball/Single A/Double A/Triple A/Majors/Seniors (**Circle one**)  
C.)  Tryout  Practice  Game  Tournament  Special Event  
Other (Describe): \_\_\_\_\_

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

- D.)  Batter  Base Runner  Pitcher  Catcher  First Base  Second  
 Third  Short Stop  Left Field  Center Field  Right Field  Dugout  
 Umpire  Coach/Mgr.  Spectator  Volunteer Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

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

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_

### Type of incident and location:

- |  |   |   |
|--|---|---|
| <b>A)</b> On Primary Playing Field   | <b>B)</b> Adjacent to Playing Field         | <b>D.)</b> Off Ball Field                                     |
| <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding                                     | <input type="checkbox"/> Seating Area       | <input type="checkbox"/> Travel                               |
| <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted | <input type="checkbox"/> Parking Area       | <input type="checkbox"/> Car or <input type="checkbox"/> Bike |
| <input type="checkbox"/> Collision w/: <input type="checkbox"/> Player or <input type="checkbox"/> Structure                                 | <b>C.)</b> Concession Area                  | <input type="checkbox"/> Walking                              |
| <input type="checkbox"/> Grounds Defect  | <input type="checkbox"/> Volunteer Worker   | <input type="checkbox"/> League Activity                      |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Customer/Bystander |   |

### Please give a short description of incident:

### Could this accident have been avoided? How:

Prepared By/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***This form is for WYB league purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible and email the Safety Director Evan Spohn at [edspohn@comcast.net](mailto:edspohn@comcast.net). This form should be completed and submitted to the league within 48 hours of the incident***