

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident Reporting Procedures What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2004 is:

_____ who can be reached (day) at _____ or (evening) at _____

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the _____ Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

LITTLE LEAGUE BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM		Send Completed Form To: Little League International 528 US Route 15 Hwy PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Numbers: Phone: 570-327-1674 Fax: 570-328-2951	
<p>INSTRUCTIONS For claims occurring after January 1, 2005</p>			
<p>1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.</p>			
<p>2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.</p>			
<p>3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.</p>			
<p>4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.</p>			
<p>5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.</p>			
League Name _____		League I.D. _____	
Name of Injured Person/Claimant _____		DATE OF BIRTH (MM/DD/YY) _____	AGE _____ SEX _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor _____		HOME PHONE (INC. AREA CODE) _____	BUS. PHONE (INC. AREA CODE) _____
Address of Claimant _____		Address of Parent/Guardian, if different _____	
<p>The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. Other insurance programs include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.</p>			
Does the insured Person/Parent/Guardian have any insurance through:		Employer Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
		Individual Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Accident _____	Time of Accident _____	Type of Injury _____	
Describe exactly how accident happened, including playing position at the time of accident: _____			
Check all applicable responses in each column:			
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER COACH	<input type="checkbox"/> PRACTICE
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO _____
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM _____
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT _____
	<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe) _____
<p>I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.</p>			
<p>I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.</p>			
<p>I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa., an AIG Company, or its representative, any and all such information. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p>			
Date _____	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.) _____		
Date _____	Claimant/Parent/Guardian Signature _____		

Incident/Injury Tracking Report

A Safety Awareness Program – Activities/Reporting

League Name: _____ League ID: ____ - ____ - ____ 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): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A)** Baseball Softball Challenger TAD
- B)** Challenger T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13)
- Senior (13-15) Sr./Minor (13-15) Big League (16-18)
- C)** Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

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

- D)** Batter Baserunner Pitcher Catcher First Base Second
- Third Short Stop Left Field Center Field Right Field Dugout
- Umpire Coach/Manager 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: _____
 (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little 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. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____