

# MBLL Injury Accident Near-Miss Report

**Art Fox, Safety Officer**

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**Preliminary Accident Report / Notice of Injury**

**(This form MUST BE SUBMITTED WITHIN 48 HOURS OF OCCURRENCE)**

Injured Person's Name:

Sex: M F Birth Date of Report: /

/ Home Address:

Home Phone:

Parent(s):

Work Phone:

Injury Date / Time:

Field / Location where injury occurred: Type of

injury: (e.g., eye, arm, leg, etc-)

Injury occurred at: Team practice, Team Game, Other

Type of treatment received. None, needed Ice-Pack First-Aid ,Taken to: Home/Parent(s) Urgent Care Hospital  
(circle one) Taken by-

Cause or conditions:

(in-attentiveness, field/lighting conditions, etc.)

Submitted by:

Home Phone:

Team Name & Division:

e.g., Calif. Dodgers, National Angels, etc.)

Team Manager

Home Phone:

Division Representative:

Home Phone: (Please notify your League Rep.)

How could this incident have been prevented?

Summary, Comments and witness statements (use other side if necessary):