

(Check and/or circle one per section, complete relevant blanks.)



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**BABE RUTH  
BASEBALL & SOFTBALL  
CASE REPORT  
LIABILITY CLAIM FORM**

**BASEBALL**

- Major Cal Ripken
- Minor Cal Ripken
- 13-15 League
- 13 Prep League
- 16-18 League
- 16 Prep League
- Bambino Buddy Ball

**SOFTBALL**

- Major 12 & Under
- Minor 12 & Under
- 14 & Under
- 16 & Under
- 18 & Under

**PROGRAM**

- Pre-season
- Regular season
- Tournament
- Travel Ball
- Dual Participation

**INJURED:** (Player) (Spectator) (Coach) (Property) (Other: \_\_\_\_\_)

If player, has participant accident carrier been put on notice?  Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

League: \_\_\_\_\_ Team: \_\_\_\_\_

League address: \_\_\_\_\_

Place injury occurred: \_\_\_\_\_

League official: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**INJURY OR PROPERTY DAMAGE:**

Date occurred: \_\_\_\_\_

Injured body part: \_\_\_\_\_

Conditions: \_\_\_\_\_  
(Laceration, concussion, fracture, sprain, etc.)

Damaged property: \_\_\_\_\_

Cause of damage: \_\_\_\_\_

**SIDE**

- Left
- Right
- Both
- N/A

**TIME**

- Morning
- Afternoon
- Evening
- Lights

**DISPOSITION**

- On-site care only
- Ambulance to: \_\_\_\_\_
- City: \_\_\_\_\_
- Fatality
- Refused care

**OCCASION:**

- TO/FROM GAME
- WARMUPS
- DURING GAME  
(\_\_\_\_\_ Inning)
- BETWEEN INNINGS
- TO/FROM PRACTICE
- PRACTICE: (Early) (Mid) (Late)
- PRACTICE GAME CONDITIONS

**LOCATION:**

- BASE: (1st) (2nd) (3rd) (HP)
- BASEPATH
- INFIELD
- OUTFIELD
- FOUL TERRITORY
- DUGOUT
- BULL PEN
- LOCKER ROOM
- GRANDSTAND SEATING
- OTHER:

**ACTIVITY:**

- BATTING
- RUNNING
- SLIDING (Not Base-Related)  
(Fixed Base) (Break-Away Base)
- CATCHING
- FIELDING
- TAGGING
- THROWING
- HORSEPLAY
- OTHER:

**AREA:**

- LEFT SIDE OF FIELD
- RIGHT SIDE OF FIELD
- CENTER FIELD
- BEHIND HOME PLATE
- BEYOND OUTFIELD WALL

**SURFACE INVOLVED:**

- NOT APPLICABLE
- GRASS
- DIRT
- ARTIFICIAL
- BRICK
- WOOD
- METAL
- OTHER:

**SPECIAL CIRCUMSTANCES:**

- NOT APPLICABLE
- PROTECTIVE EQUIPMENT  
NOT WORN
- DESPITE PROTECTIVE EQUIPMENT
- RULE INFRACTION: (Injured) (Another)
- FACILITY-RELATED (Explain)
- OTHER:

**SITUATION: (Person or Property)**

- HIT BY: (Pitch) (Bat) (Foul)  
(Thrown Ball) (Batted Ball)  
Other:
- COLLISION WITH: (Teammate)  
(Opponent) (Public) (Fence)  
Other:
- NON-CONTACT INJURY
- FALL: (Slip) (Trip) (Pushed)
- OTHER:

**DESCRIBE HOW ACCIDENT HAPPENED:**

Respondent (print): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, VA, and WA insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.\*

\*In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.