

NYS OFFICIAL'S ACCIDENT REPORT FORM

Date of this report _____

Name of school official in charge _____

Assigned officials' names _____

Date of incident _____ Time of incident _____

Name of injured _____ Level of competition _____

Contested sport _____

Location of contest _____

Schools competing _____

Weather conditions _____

Type of suspected injury _____

Name(s) of school official(s) treating suspected injury, if any treatment was given _____

Description of incident _____

Action taken by school official(s) in charge _____

Name(s) and action taken by others administering to suspected injury _____

Name(s) and telephone numbers of witnesses _____

Name and address of official making this report _____

Send copies e-mail or fax to:

sharonf@paris-kirwan.com claims@paris-kirwan.com kevinc@pariskirwan.com

Ms. Sharron Favor
Paris Kirwan Associates
1040 University Ave.
Rochester, NY 14607
Phone 585-473-8000
Fax: 585-340-1714

Send a copy to:
Dt of 'Rguct gm
Secretary, NYSCSOA, Inc.
7905 Sudley Way
Baldwinsville, NY 13027
BRADMPP@HOTMAIL.COM

KEEP A COPY FOR YOURSELF

5/2017