



# ACCIDENT / INJURY REPORT

<b>PAL UNIT:</b>	Bethpage P.A.L		
<b>SEASON &amp; PROGRAM:</b>			
<b>NAME OF COACH / SUPERVISOR:</b>			
<b>DATE OF INCIDENT:</b>			
<b>TIME OF INCIDENT:</b>			
<b>NAME OF INJURED:</b>			
<b>INJURED PERSON (circle/highlight one)</b>	Participant	Staff / Volunteer	Guest / Spectator
<b>PLACE WHERE INJURY OCCURRED:</b>			
<b>TYPE OF INJURY &amp; BODY PART:</b>			
<b>ACCIDENT OCCURRED (circle/highlight all that apply)</b>	during program	on program premises	arriving or leaving program premises
<b>DESCRIBE HOW ACCIDENT OCCURRED (give all possible details)</b>			
<b>ADDITIONAL NOTES OR COMMENTS:</b>			
<b>REPORT COMPLETED BY:</b>			
<b>POLICE OFFICER SIGNATURE:</b>			
<b>Lt.Kiesel Signature:</b>			

\*Email completed form to: [Admin@Bethpagepal.com](mailto:Admin@Bethpagepal.com)



**This report  
must be  
completed for  
EVERY injury  
(even if no  
insurance  
claim is being  
made)**

**If there is  
going to be an  
insurance  
claim made,  
you must  
complete this  
form PLUS  
the two page  
insurance  
form. All  
must be  
submitted to  
HQ**

For Office Use  
Only: