



ACCIDENT / INJURY REPORT

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



**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: