

## 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:

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