

# *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 \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of official making this report \_\_\_\_\_

\_\_\_\_\_

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**Please send via fax (585) 340-1714 or email to [claims@paris-kirwan.com](mailto:claims@paris-kirwan.com)**

**Ms. Sharon Favor**

**Claims Manager**

**Paris Kirwan Associates**

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