

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 _____

Please send via fax (585) 340-1714 or email to claims@paris-kirwan.com

**Ms. Sharon Favor
Claims Manager
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1040 University Ave., Rochester, NY 14607
Phone # (585) 461-6425**