

incident report form

NEW YORK STATE PTA®
 One Wembley Court, Albany, New York 12205-3830
 1-518-452-8808 • Toll Free 1-877-569-7782 • 1-518-452-8105 (Fax)

Date Of Incident {MM/DD/YY} _____

Name of PTA _____

Unit Number ____ - ____

PTA Address _____

Region _____

City _____

State _____

ZIP _____

Phone (____) _____

Fax (____) _____

Name Of Injured (If Any): _____

Age _____

Name Of Event _____

Place Of Incident _____

Type Of Event _____

Type & Extent Of Incident _____

Narrative Description Of How Incident Occurred

If Injury Sustained, Was Treatment Rendered At Scene? ____ Yes ____ No

Were Authorities Involved? I.E.: Police, EMT, Ambulance ____ Yes ____ No

Is There Any Hospital Report? ____ Yes ____ No Attach Report If Available

Was Injury Due To Any Act Or Negligence Of PTA? ____ Yes ____ No

Explain

What Were Injured Party's Duties During The Activity? (If Any)

PTA Contact Person (Person In Charge)

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone () _____

Work Phone () _____

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If Incident Involved A Concessionaire Or Vendor:

Company Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Note: Attach A Copy Of The Vendor's Certificate Of Insurance

Name Of Person Preparing This Report _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Note: Attach A Copy Of The Approved Building/Facility Use Permit For This Activity

Please Note Any Additional Information You Feel Is Important

This Is A Confidential Document Used For Insurance Investigative Purposes.

Send one copy (mail or email) of this form to the New York State PTA Office, one copy to the Region Director and one copy to the New York State PTA Treasurer. Keep one copy in your file with copies of any other documents.