

Incident Report Form

NEW YORK STATE PTA®
New York State Congress of Parents and Teachers, Inc.
One Wembley Court, Albany, NY 12205-3830
518-452-8808 • Toll Free 1-877-569-7782 • 518-452-8105 (Fax)

NAME OF PTA _____ UNIT # _____

ADDRESS _____ REGION _____

CITY _____ STATE _____ ZIP _____ DATE _____

NAME OF INJURED (IF ANY) _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE AND FAX # _____ DATE OF INCIDENT _____

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? _____

WERE AUTHORITIES INVOLVED i.e.: POLICE, EMT, AMBULANCE? _____

IS THERE ANY HOSPITAL REPORT? _____ (ATTACH REPORT IF AVAILABLE)

WAS INJURY DUE TO ANY ACT OR NEGLIGENCE OF PTA? _____ EXPLAIN _____

WHAT WAS INJURED PARTY'S DUTIES IN ACTIVITY (IF ANY)? _____

PTA CONTACT PERSON (PERSON IN CHARGE)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ WORK # _____

IF INCIDENT INVOLVED A CONCESSIONAIRE OR VENDOR

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

PERSON PREPARING THIS REPORT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

Please note any additional information you feel is important.

THIS IS A CONFIDENTIAL DOCUMENT USED FOR INSURANCE INVESTIGATIVE PURPOSES.

Send one copy of this form to the New York State PTA office, one copy to the Region Director, and one copy to New York State PTA Treasurer. Keep one copy in your file with copies of any other documents.

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