

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

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 [sharonf@paris-kirwan.com](mailto:sharonf@paris-kirwan.com)**

**Ms. Sharon Favor  
Claims Manager  
Paris-Kirwan Associates  
P.O. Box 40420, Rochester, NY 14604  
Phone # (585) 461-6425**

**A COPY ALSO NEEDS TO GO TO:**

**NYSSO @: [NYSSOemail@gmail.com](mailto:NYSSOemail@gmail.com)**

**SUBJECT Accident Form**

**Save a copy for yourself and your board's secretary.**