

# 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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## incident report form, con't.

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.