



# Cranford Police Athletic League

PO Box 1021  
Cranford, New Jersey 07016

## PAL Accident Report Form

Injured Player: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Action Taken (check one): *None taken\**: \_\_\_\_\_ (\*use summary section for why no action)

*First Aid Given*: \_\_\_\_\_ *If yes, by whom?* \_\_\_\_\_

*Ambulance/EMS*: \_\_\_\_\_ *Which agency?:* \_\_\_\_\_

*Hospital?:* \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Parent/Guardian Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

Coach/Supervising Adult at time of accident: \_\_\_\_\_

Witnesses (address/phone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Event (attach additional sheets as necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Signature: \_\_\_\_\_

For Office Use Only: Received by \_\_\_\_\_ Date \_\_\_\_\_ TOT Ins? \_\_\_\_\_