

# *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  
1040 University Ave., Rochester, NY 14607  
Phone # (585) 461-6425

**A COPY ALSO NEEDS TO GO TO:**  
**Brad White, Vice President NYSSO**  
**60 Spring Street**  
**Goshen, NY 10924**  
**[Bradford.h.white@gmail.com](mailto:Bradford.h.white@gmail.com)**

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