

# NNYSA Incident Forms

(This is a legal, internal document and should not be distributed to any person involved in the accident/incident.)

Location \_\_\_\_\_ Field \_\_\_\_\_  
 Injured person \_\_\_\_\_ Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ st \_\_\_\_\_ zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_

<b>Incident date</b>	/ /	<b>Gender</b>		<b>Status</b>	
Time	: <input type="checkbox"/> am <input type="checkbox"/> pm	female <input type="checkbox"/>		employee <input type="checkbox"/>	member <input type="checkbox"/>
		male <input type="checkbox"/>		participant <input type="checkbox"/>	guest <input type="checkbox"/>
					other <input type="checkbox"/>

**General Information**  
 Describe exactly what happened. \_\_\_\_\_  
 \_\_\_\_\_  
 Action Taken: \_\_\_\_\_

**Medical Information** Fully describe the injured party's condition and any first aid given.

\_\_\_\_\_ First aid administered?  yes  no  
 \_\_\_\_\_ by whom: \_\_\_\_\_  
 \_\_\_\_\_ Blood-borne exposures?    
 \_\_\_\_\_ to whom: \_\_\_\_\_

Further medical attention?  yes  no  declined If so, where and by whom: \_\_\_\_\_

Was parent / guardian / emergency contact notified?  yes  no If so, when? \_\_\_\_\_

Who was called and what was the outcome? \_\_\_\_\_

With whom did the injured party leave the site? \_\_\_\_\_

**Witnesses** (check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youthful witnesses)

s	p	v	name	age	phone	address	city	state	zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

**Incident management**

member  program  day pass  special  (specify) \_\_\_\_\_ none \_\_\_\_\_ position \_\_\_\_\_ date \_\_\_\_\_

NNYSA reviewing report \_\_\_\_\_ position \_\_\_\_\_ date \_\_\_\_\_

Filed with:  NNYSA |  \_\_\_\_\_ | date report filed \_\_\_\_\_ Method of filing:  email  fax  mail

**Follow-up**

Was there follow-up contact?  yes  no If yes, date and by whom? \_\_\_\_\_ by \_\_\_\_\_

If yes, detail status. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_