

NASSAU COUNTY POLICE ACTIVITY LEAGUE, INC.

REPORT OF INJURY TO MEMBER OF POLICE ACTIVITY LEAGUE

UNIT _____

INJURED: _____ DATE OF BIRTH: _____
Last Name First Name

ADDRESS: _____ Phone: _____

DATE OF OCCURRENCE: _____ TIME: _____ ACTIVITY: _____

PLACE OF OCCURRENCE: _____

NATURE OF INJURY: _____

TREATED BY: _____
Name and Address

REMOVED TO: _____ Type of Hospitalization _____
Doctor's office visits _____
covered? (yes) (no) _____

PCT. AIDED NO.: _____
If applicable

WITNESSES: _____
Name and Address

Name and Address

DETAILS OF OCCURRENCE: _____

List additional details on separate sheet and attach.

Was medical form given to parent? _____ If not, Reason: _____

DATE: _____ P.O. _____

DO NOT WRITE IN SPACE BELOW (OFFICE USE ONLY)

P.O.'s investigation indicates (if claim is made): _____

TOTAL CLAIM over \$25.00 _____ Amount to be paid, if any: _____

DATE: _____ Approved
 Disapproved: _____