

**NASSAU COUNTY POLICE ACTIVITY LEAGUE
REPORT OF INJURY TO MEMBER OF POLICE ACTIVITY LEAGUE**



BALDWIN UNIT

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

ADDRESS: _____ PHONE #: _____

DATE OF OCCURRENCE: _____ TIME: _____ ACTIVITY: _____

PLACE OF OCCURRENCE: _____

NATURE OF INJURY: _____
(explain where on body, (right leg, left leg, right arm, left arm, etc.,))

TREATED BY _____
Name and Address

Type of Hospitalization _____ PCT. AIDED NO.: _____
If Applicable

REMOVED TO: _____ Doctor's office visits covered? Yes or No _____

WITNESSES: _____
Name and Address

Name and Address

DETAILS OF OCCURRENCE: _____

List additional details on separate sheet and attach. Please submit 2 copies to office.

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: _____