

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.: \_\_\_\_\_

REMOVED TO: \_\_\_\_\_ Doctor's office visits covered? Yes or No \_\_\_\_\_  
If Applicable

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: \_\_\_\_\_