



Wayne Police Athletic League

Incorporated 1956

Member National Association of Police Athletic Leagues
Member Police Athletic Leagues of New Jersey

PAL Drive
Wayne, NJ 07470
Phone 973-696-2896
Fax 973-628-6706
<http://www.waynepal.org>

2011 Wayne PAL Accident Report Form

RETURN COMPLETED FORM TO THE WAYNE PAL ADMINISTRATIVE OFFICES WITHIN 24 HOURS OF INJURY/ACCIDENT

Steve Torres
President

Michael Brandl, CPA
Vice President

Donald Matthews, Esq.
Treasurer

Ray Vena
Secretary

Bill Englehardt
Assistant Director

Michael Maglio
Assistant Treasurer

Dan Halewicz
Business Administrator

Steve Schiffman
Director of Operations

Chris Vergano
Mayor

Acting Chief
John Reardon
Police Liaison

BOARD OF TRUSTEES:

Lisa Acampora
Bob Allstaedt
Marge Allstaedt
Michael Brandl, CPA
Bill Englehardt
Andy Feinberg
Gary Hageman
Keith Heyman
Stan Loeb
Mike Maglio
Donald Matthews, Esq.
Joe Russo
Jack Tant
John Tomaskovic
Pamela Tomaskovic
Steve Torres
Patrick Trentacost, Sr.
Ray Vena
Danielle Vespia
Anthony Yodice
Mike Zaffino
Don Zofrea

Program/Sport/Activity: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Date of Birth: _____ Grade: _____

Date of Accident/Injury: _____ Time: _____

Location of Accident/Injury: _____

Nature of Injury:

_____ Abrasion	_____ Concussion	_____ Puncture
_____ Amputation	_____ Cut	_____ Scalds
_____ Asphyxiation	_____ Dislocation	_____ Scratches
_____ Bite	_____ Fracture	_____ Shock (elec.)
_____ Bruise	_____ Laceration	_____ Sprain
_____ Burn	_____ Poisoning	_____ Other

Part of Body Injured:

_____ Abdomen	_____ Eye	_____ Leg
_____ Ankle	_____ Face	_____ Mouth
_____ Arm	_____ Finger	_____ Nose
_____ Back	_____ Foot	_____ Scalp
_____ Chest	_____ Hand	_____ Tooth
_____ Ear	_____ Head	_____ Wrist
_____ Elbow	_____ Knee	_____ Other



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Description of accident/injury:

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Treasurer

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Was protective equipment being worn at the time of the accident/injury?

_____ Yes _____ No

Coach in charge when accident/injury occurred:

Name: _____

Phone Number: _____

Present at the scene of the accident/injury?

_____ Yes _____ No

Action(s) taken:

Were first-aid steps taken? _____ Yes _____ No
If yes, by who? _____

Sent to physician? _____ Yes _____ No
If yes, by who? _____

How was the participant transported? _____
Physician's Name: _____

Sent to the hospital? _____ Yes _____ No
If yes, by who? _____

How was the participant transported? _____
Hospital Name: _____

Was the participant's parent(s)/guardian(s) or emergency contact(s) notified?

_____ Yes _____ No

If yes, by who? _____

When? _____

How? _____

Name of parent/guardian/emergency contact notified: _____



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Witnesses:

1 - Name: _____

Phone Number: _____

2 - Name: _____

Phone Number: _____

Remarks: _____

Individual filing form (Print Name)

Signature

Date

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