

BPALL Injury Reporting Form

Injured Person's Info:

Name: _____

Phone Number: _____

Parents Name (if necessary): _____

Date of Incident: _____

Location of Incident: _____

Detailed description of Injury: _____

Preliminary estimation of extent of injuries: _____

Name and phone number of person reporting or witnessing the accident

Please send completed form to: bdharnish@gmail.com