

# BPALL Injury Reporting Form

*Please complete the form below OR you may complete and submit an online form here: [BPALL Online Injury Reporting Form](#)*

Injured Person's Info:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Parents Name (if necessary): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Detailed description of Injury: \_\_\_\_\_

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Preliminary estimation of extent of injuries: \_\_\_\_\_

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Name and phone number of person reporting or witnessing the accident

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Please send completed form to: [bdharnish@gmail.com](mailto:bdharnish@gmail.com)