

**POLICE TRAINING INSTITUTE
INJURY/ILLNESS/INCIDENT
FORM**

RECRUIT'S NAME _____ AGENCY _____

BLE# _____ SQUAD & SECTION _____ TODAYS DATE _____

ARE YOU REPORTING - INJURY / ILLNESS / INCIDENT (circle one)

DATE AND TIME OF INJURY / ILLNESS / INCIDENT _____

DESCRIPTION OF INJURY / ILLNESS / INCIDENT _____

PARTNER AT TIME OF INJURY/INCIDENT _____

HOW INJURY WAS SUSTAINED – Write a narrative below explaining in detail exactly how the injury occurred and the names of other recruits and instructors immediately present when injury occurred. If more room is needed, please use notebook paper.

IF AN INJURY, LOCATION WHERE INJURY OCCURRED _____

WAS INJURY A RESULT OF TRAINING – YES OR NO (circle one)

BLOCK OF INSTRUCTION ENGAGED IN AT TIME OF INJURY _____

I request medical treatment

I decline medical treatment

If reporting an injury that occurred during training, name of instructor(s) specifically involved:

NAME(S): _____

Recruits Signature

Date

NARRATIVE OF HOW INJURY / ILLNESS / INCIDENT WAS SUSTAINED:

Form reviewed by: _____

(A.D. and/or BCS)

Date

