

**MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION**

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748

<http://www.psp.pa.gov/MPOETC>**ACADEMY INJURY REPORT  
ACADEMY DIRECTOR FORM**

This form is to be used by police academy directors to report an injury sustained by a cadet during training

All information on this form must be neatly printed and legible even when scanned

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP CODE

1. The cadet's injury occurred on what date and during which block of instruction?

\_\_\_\_\_

2. Name of instructor(s):

\_\_\_\_\_

3. How was the cadet injured?

\_\_\_\_\_

4. Were there any witnesses?  Yes  No

If you answered "yes" to this question, you must provide the name(s) of the witness(es).

\_\_\_\_\_

\_\_\_\_\_

5. Was the instructor present at the time of the injury?  Yes  No

\_\_\_\_\_

6. If the injury occurred during physical activity, did the recruit have medical clearance to participate in the activity?  Yes  No

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

Prior to the recruit receiving further training and testing in the academy physical requirements instructional block of the basic curriculum, you must receive written proof from the physician treating the recruit that he/she is able to resume regular training.

ACADEMY DIRECTOR (SIGNATURE)

DATE

POLICE ACADEMY NAME