

What is this person's position with the organization?:

Who owns the premises where this happened?:

Did the owner have a representative on site when this happened?:

PART II – To be filled out by persons reporting an accident or occurrence where someone is injured.

Name of injured party:

Age:

Sex:

Address:

City:

Postal Code:

Telephone #:

In the case of a child, who is the responsible person for the injured party?

Address/Tel #

- As above

or

- Other Address/Tel #:

City

Postal Code

Tel. #:

Nature of Injury:

Status of Injured Party (competitor, coach, spectator etc)

What was the probable cause of this accident?

Was First Aid given?

If so, by whom?

Type of treatment given

Did patient require medical/dental treatment?

If so, how was the patient transported to the treatment centre?

If so, where was the patient treated?

If so, who treated the patient? (name of medical professional)

PART III – To be filled out by persons reporting an accident or occurrence where there is damage to property.

Owner of damaged property:

Address:

City

Postal Code

Phone #:

Description of damaged property:

What caused this damage? (Baseball, car, bicycle etc)

Describe how this happened?

Were police called?

If 'yes' Officer's Name is:

Badge Number

Detachment

Incident #

Were there any witnesses?

If 'yes' name of witness is:

Address

City:

Postal Code:

Phone Number#:

What were the weather conditions at the time?

Was the weather a factor in this incident?

Other Insurance Held (Accident, Extended Health, Travel etc)

Insurer:

Policy #:

Type of Policy:

PART IV – TO BE FILLED OUT BY ALL PARTIES REPORTING AN INCIDENT.

Is there anything further that you feel needs to be pointed out regarding this incident that has not been referred to as yet in this report? If so please be specific and provide as much information as you feel is necessary.

Name of person submitting this report. (Please Print)

Signature of person submitting this report.

Position with Association

Telephone Number #

Date submitted:

FOR OFFICE USE ONLY: Date Received

By Whom ?

Further action: Date:

By Whom?