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ACCIDENT REPORT FORM

PLEASE TYPE OR PRINT CLEARLY Name of Club: President Name: _____ PC:_____ Address: ___ Tel: (H)_______ Tel: (B)______ Chairperson of Event Name: PC: Address: ___ Tel: (H)_______Tel: (B)______ IS LEGAL ACTION: Likely Unlikely Certain _____Time of occurrence: _____ am pm Event / occasion: _____ Location (exact description, address): ☐ Indoors ☐ Outdoors ☐ Incident occurred: Weather conditions (outdoors): ____ Indoor events: Lighting Conditions: Temperature Conditions: Other Notable Conditions: Number of persons present at event: Club Members: _____ Others: ____ Number of persons witness to incident: Number of persons involved in incident: ______ Minors:____ 10. Description of incident in detail: (attach additional sheets if necessary) Explain exactly WHAT happened, precise locations of WHERE it occurred, WHO was involved, WHEN it occurred, any precipitating circumstances which might have led to the occurrence, and all actions which resulted from the incident in attempting to deal with the incident (ie: what was done to help or correct the situation?)

11.	Was the use of alcohol or drugs noticed in any way?				
	If yes, describe, how / by / whom?				
12.	If any injury resulted, state the nature of medical aid / treatment provided (if any) and by whom:				
	List the names of persons directly involved with this incident: (attach all names with details listed below to this report)				
	Name:				
	Address:PC:				
	Tel: (H)Tel: (B)				
14. List the names of any <i>witnesses</i> to the incident and attach to this report with full details as requested in #13 abo					
17.	witnesses sign the report on last page (if possible)				
15.	If a person(s) was(were) injured, please state names: (print legibly)				
16.	If an ambulance was call, state the name of company and ambulance attendant.				
17.	If person(s) transported to hospital, name hospital injured person(s) attending:				
	If not transported by ambulance, by whom/how were they transported?				
18.	If person(s) injured, give brief description of the injury(ies)				
	poi.co.i.(c)ya. ca, gc b.i.c. acco.i.p.aci. c. a.cya. y (ccc)				
10	Give a description of any equipment or materials which may have caused or been involved in an accident, and note any				
19.	deficiencies in equipment.				

- $20. \ \ \text{If possible, provide photographs of area where accident occurred}.$
- 21. Itemize any additional particulars not already covered which may be of interest or pertinent tot he incident

22. Witnesses: (refer to #14 previously, please print legibly)

I hereby verify that I was present and a witness to the incident as reported having occurred at this event.

NAME	ADDRESS	POSTAL CODE	TELEPHONE	
gnature:				
gnature:				
gnature:				
gnature:				
gnature:				
S REPORT IS COMPLETED AND SU	JBMITTED BY:			
me:				
Address:		PC:		
: (H)	Bus: (B	Bus: (B)		
sition with Club/Event:				
anature:		Date:		

Send a copy of this report immediately to SHF office.

Retain a copy of this report in your files for a period of two years following the incident