

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: _____

13. List the names of persons directly involved with this incident: (attach all names with details listed below to this report)
Name: _____ Age: _____ Sex: _____
Address: _____ PC: _____
Tel: (H) _____ Tel: (B) _____
14. List the names of any **witnesses** to the incident and attach to this report with full details as requested in #13 above. Have 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) _____

19. Give a description of any equipment or materials which may have caused or been involved in an accident, and note any deficiencies in equipment. _____

20. 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 of event: _____

NAME	ADDRESS	POSTAL CODE	TELEPHONE
Signature:			
Signature:			
Signature:			
Signature:			
Signature:			

THIS REPORT IS COMPLETED AND SUBMITTED BY:

Name: _____

Address: _____ PC: _____

Tel: (H) _____ Bus: (B) _____

Position with Club/Event: _____

Signature: _____ 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***