

**SPORT INCIDENT REPORT**

1	Name of Association	Policy Number	
2	Contact Person	Tel (B)	Tel (H)
	Street Address	City, Province	Postal Code
3	Owner of Premises	Occupant in Control	
4	Location of Incident / Occurrence	Date	Time
	Is Occupant Lease direct from Owner or Another Lessee?	Copy of Lease Attached	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Incident / Occurrence First Notified by	Date	
6	Description of Incident / Occurrence		
7	Weather Conditions at Time of Incident (if applicable)		
8	Injured Person	Tel (B)	Tel (H)
	Status (i.e. Competitor, Official, Spectator, etc.)	Age	Sex
9	Type of Injury (i.e. Broken Bones, Bruising, Burns, Cuts, etc.)		
10	Probable Cause of Incident / Occurrence		



11	First Aid Given By	Nature of Treatment / Medication Given	
12	If Hospitalized, Name of Hospital	Method of Transportation	
13	Description of Property Damage	Estimated Cost of Repair/Replace	
14	Name of Owner	Tel (B)	Tel (H)
15	Name of Witness or Police	Tel (B)	Tel (H)
	Address	City, Province	Postal Code
	Station #	Badge #	Incident #

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: [Click here to enter a date.](#) \_\_\_\_\_