

**SPORT INCIDENT REPORT**

*(to be completed in the event of potential litigation)*

Location of Premises/ Event or Location of Accident/Circumstance	Policy Holder:	_____
		_____
	Policy Number:	_____
		_____
Owner of Premises Occupant in Control	Contact Person:	
	Name	_____
		_____
	Address	_____
Location of Accident		_____
		_____
		_____
		_____
	Does occupant lease direct from owner or another lessee (attach copy of lease)	_____
		_____

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<p>Accident or Occurrence</p>	<p>Date and Time: _____ Place: _____</p> <hr/> <p>Date first Notified: _____ By _____</p> <p>Whom: _____</p> <hr/>																												
<p>Description of Accident or Occurrence</p>	<hr/> <hr/> <hr/>																												
<p>Weather Condition at time of Accident</p>																													
<p>Injured Persons and Nature of Injury</p>	<table border="1"> <thead> <tr> <th data-bbox="592 1165 787 1207">Name</th> <th data-bbox="787 1165 998 1207">Age</th> <th data-bbox="998 1165 1209 1207">Sex</th> <th data-bbox="1209 1165 1404 1207">Address</th> </tr> </thead> <tbody> <tr> <td data-bbox="592 1207 787 1249">Phone</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" data-bbox="592 1291 1404 1333"><hr/></td> </tr> <tr> <td colspan="4" data-bbox="592 1333 1404 1375"><hr/></td> </tr> <tr> <td colspan="4" data-bbox="592 1375 1404 1417"><hr/></td> </tr> <tr> <td colspan="4" data-bbox="592 1459 1404 1522"> <p>Status (i.e. competitor, official, spectator, etc)</p> </td> </tr> <tr> <td colspan="4" data-bbox="592 1522 1404 1564"><hr/></td> </tr> </tbody> </table>	Name	Age	Sex	Address	Phone				<hr/>				<hr/>				<hr/>				<p>Status (i.e. competitor, official, spectator, etc)</p>				<hr/>			
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<p>Probable Cause of Accident or Occurrence</p>	<p>Death <input type="checkbox"/> Broken Bones <input type="checkbox"/> Burns <input type="checkbox"/>  Bruising <input type="checkbox"/> Cuts <input type="checkbox"/></p> <hr/> <hr/> <hr/>
<p>First Aid Given</p>	<p>By Whom  Nature of Treatment &amp; Medication Given</p> <hr/> <hr/> <hr/>
<p>Hospitalized</p>	<p>Name of Hospital  Method of Transportation</p> <hr/> <hr/> <hr/>
<p>Property Damage</p>	<p>Owner :</p> <hr/> <hr/> <hr/> <p>Address:</p> <hr/> <hr/> <hr/> <p>Description of Property</p> <hr/> <hr/>

	<hr/> <hr/> <hr/>
	Estimated Cost of Repair/Replacement
	<hr/> <hr/> <hr/>
	Name _____
	<hr/> <hr/>
Witness	Address _____
	<hr/> <hr/>
	Phone _____
	<hr/> <hr/>
	Name _____
	<hr/> <hr/>
Police	Station # _____ Badge
	# _____
	Incident
	# _____
	<hr/> <hr/>
	Insurer _____
	<hr/> <hr/>
Other Insurance Accident, Extended Health, Travel Etc.	Policy
	# _____
	Type of Policy _____

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	Signed _____
	_____
	Name _____
	_____
	Position with Club _____
Date _____	
_____	
_____	

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**Note: This report is prepared in contemplation of litigation and is to assist in the defence of the problem incident, accident or claim referred to herein.**