|  |
| --- |
| **Incident Report** |
|  |
| **TYPE OF INCIDENT: Please place an “X” in appropriate box(es).**🞏 Injury to member 🞏 Injury to non-member 🞏 Property Damage |
| Date of occurrence:  | Time: | AM/PM |
| Location of incident (including full address):  |
|  |
|  |
| Did the incident occur during training, competition, travel, etc?  |
| If at a competition, advise name: |
| Who was in charge at the time of the incident? |
| If outside activity, what were the weather conditions at the time of the incident?  |
| **INJURY:** |
| Name of Injured Person:  | Age: | Sex: |
| Address:  |
| Phone:  | Participant | Official | Other |
| Nature of injury:  |
| If injury is to a minor, was a parent or other responsible party present? |
| Describe the incident. (Attach drawings, photos, etc. if appropriate.)  |
|  |
|  |
| Was First Aid given:  | By whom? |
| Nature of treatment given:  |
| Did the injured person require further medical attention?  | What? |
| How was the patient transported to the treatment facility (hospital/clinic): |
| Where was the patient treated & by whom? |

|  |
| --- |
| **PROPERTY DAMAGE:** |
| Owner of damaged property: |
| Property Owner’s Address:  |
| Property Owner’s Telephone Number(s): |
| Description of damaged property: |
|  |
|  |
| How did the damage occur:  |
| Were the police called? | If yes, advise name and location of responding Officer(s): |
| **WITNESSES:** |
| List all witnesses to the incident |
| Name:  |
| Address:  |
| Tel. #: | E-mail Address: |
| Name: |
| Address: |
|

|  |  |
| --- | --- |
| Tel. #: | E-mail Address: |

 |
| Name: |
| Address:  |
| Name: |
| Address:  |
| Tel. #: | E-mail Address: |
|  |
| Signature: |
| Position with Association: |
| **Tel. #:** | **E-mail Address:** |
| Date Report Completed:  |

**Note: Immediately send the completed incident report to Judo Ontario. Retain a copy.**