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| **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? | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **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.**