

Badminton Ontario Incident Report

Please print all information:

|  |  |  |  |
| --- | --- | --- | --- |
| Location/Address: |  | Incident Date: |  |
| Report Completed By: |  | Incident Time: |  |
| Title/Relationship: |  | Phone Number: |  |

**INCIDENT INFORMATION:**

|  |
| --- |
| Description of Incident (include relevant details such as site, contributing site conditions, footwear of injured party, statements of injured party etc. If more space is required, please use the back of this form): |
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|  |
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|  |

**INJURY INFORMATION:**

|  |  |
| --- | --- |
| Name of Injured Person: |  |
| Address: |  |
| Phone Number: |  | Male □Female□ |
| Description of Injury: |  |
|  |
| Description of Treatment Provided: |  |
|  |
| Treatment Provided By: |  |
| Phone Number: |  |
| Contacted: Ambulance □911□Police □Family Member □Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROPERTY DAMAGE INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner of Damaged Property: |  | Phone Number: |  |
| Description of Property: |  |
| Description of Damage: |  |
|  |

Signature of Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_