



Incident Report Form

The form below is to be completed for all incidents that result in bodily injury during approved club activities and for other incidents (eg verbal altercations) that are deemed a potential insurance issue.

Important Reminders

In the event of an injury to a member, seek first aid and / or medical help as soon as possible and follow the response protocols of your organization.

Call 911.

Do not attempt to render first aid beyond your trained ability.

If possible, remove the hazard, or arrange for its removal immediately as to prevent further incidents from occurring.

Where possible, block off or segment the area to protect the injured party and to preserve the scene for documentation.

Do not admit liability or make commitments to the injured person or others.

Record the names and addresses of all witnesses to the incident as soon as possible.

Inspect the location, try to identify and document factors that may have contributed to the incident.

Document conditions at the time of the incident (weather, snow conditions, slope traffic, grooming, any other unusual factors or hazards present).

Do not discuss the incident with anyone outside of your organization, with the exception of designated representatives of our insurance provider Gallagher Insurance, 435 McNeilly Road, Suite 103, Stoney Creek, ON L8E 5E3, FAO Sports Administrator, phone 1-800-461-5087.

Review your organization's emergency response plan. Ensure that a single spokesperson from the organization (club, PSO, etc.) is designated as a representative. Only that person is authorized to speak on behalf of the organization. Caution all colleagues (coaches, volunteers, athletes etc.) that they are not to discuss the incident with anyone.

Complete the attached form with full details.

Email the form as soon as possible to:

Gallagher Insurance, Sport Administrator, IBAM.StoneyCreek.Sports@ajg.com and copy info@nordiqcanada.ca AND your Division.

Retain a copy of the report in your files for at least seven years.

Gallagher Insurance must receive notification of the incident within 30 days of it occurring and receive your claim (if applicable) within 90 days of the incident.

MEMBER CLUB DETAILS Member club where incident occurred	
Address of member club	
Email and cell phone of contact person	
Date of incident	
Time of incident	
Actual location of incident (eg name of trail, in stadium, in car park)	
Name of activity (eg race, training, club program name) where the incident occurred	
Describe in detail how the incident happened, including any possible cause/s of the incident. Attach a separate page for diagrams to	

<p>illustrate how the incident occurred if necessary.</p>	
<p>Nature of injury, provide as much detail as possible</p>	
<p>Details of any first aid given to the injured person</p>	
<p>Was the injured person taken to hospital? If so, provide details of the hospital and doctor in attendance.</p>	
<p>INJURED PERSON Full name of injured person</p>	
<p>Date of birth of injured person</p>	

Male / Female / Prefer not to say	
Full mailing address of injured person	
Contact person (parent or guardian) if injured person is a minor	
Contact person's email and cell phone number	
Full mailing address of contact person	
Name of injured person's doctor	
Address of injured person's doctor	
Do you have benefits provided under another insurance plan?	
If yes, please provide the name of Insurer and policy number	

WITNESS/ES (if any) Name of witness	
Address of witness	
Email and cell phone of witness	
Name of witness 2	
Address of witness 2	
Email and cell phone of witness 2	

Form completed by _____

Date _____

Signature _____