



11. Was the use of alcohol or drugs noticed in any way? \_\_\_\_\_  
If yes, describe, how / by / whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. If any injury resulted, state the nature of medical aid / treatment provided (if any) and by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. List the names of persons directly involved with this incident: (attach all names with details listed below to this report)  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ PC: \_\_\_\_\_  
Tel: (H) \_\_\_\_\_ Tel: (B) \_\_\_\_\_
14. List the names of any **witnesses** to the incident and attach to this report with full details as requested in #13 above. Have witnesses sign the report on last page (if possible)
15. If a person(s) was(were) injured, please state names: (print legibly)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. If an ambulance was call, state the name of company and ambulance attendant.  
\_\_\_\_\_
17. If person(s) transported to hospital, name hospital injured person(s) attending: \_\_\_\_\_  
If not transported by ambulance, by whom/how were they transported? \_\_\_\_\_
18. If person(s) injured, give brief description of the injury(ies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Give a description of any equipment or materials which may have caused or been involved in an accident, and note any deficiencies in equipment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. If possible, provide photographs of area where accident occurred.
21. Itemize any additional particulars not already covered which may be of interest or pertinent tot he incident

22. Witnesses: (refer to #14 previously, please print legibly)

***I hereby verify that I was present and a witness to the incident as reported having occurred at this event.***

Name of event: \_\_\_\_\_

NAME	ADDRESS	POSTAL CODE	TELEPHONE
Signature:			
Signature:			
Signature:			
Signature:			
Signature:			

***THIS REPORT IS COMPLETED AND SUBMITTED BY:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Bus: (B) \_\_\_\_\_

Position with Club/Event: \_\_\_\_\_

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

***Send a copy of this report immediately to SHF office.  
Retain a copy of this report in your files for a period of two years following the incident***