



260 NEBO ROAD, HAMILTON, ONTARIO, L8W 3K5
 Tel: 905 575-1122 Fax: 905 575-4250
 www.pearson-dunn.com

SPORT INCIDENT REPORT

(to be completed in the event of potential litigation)

**Location of Premises/
 Event or Location of
 Accident/Circumstance**

Policy Holder: _____

Policy Number: _____

Contact Person:

Name _____

Address _____

Phone _____

**Owner of Premises
 Occupant in Control**

Location of Accident

Does occupant lease direct from owner or another lessee (attach copy of lease)

Accident or Occurrence

Date and Time: _____ Place: _____

Date first Notified: _____ By Whom: _____

**Description of Accident
 or Occurrence**

Property Damage	Owner :	_____
	Address:	_____
	Description of Property	_____
	Estimated Cost of Repair/Replacement	_____
Witness	Name	_____
	Address	_____
	Phone	_____
Police	Name	_____
	Station # _____ Badge # _____	
	Incident # _____	
Other Insurance Accident, Extended Health, Travel Etc.	Insurer	_____
	Policy # _____	
	Type of Policy _____	
	Signed	_____
	Name	_____
	Position with Club	_____
	Date	_____