

**INCIDENT REPORT FORM  
FOR ROLLER SPORTS CANADA,  
REGISTERED MEMBERS & REGISTRANTS**

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An incident report should be completed for any injury or property damage of others that occurs. The purpose of this document is to obtain an immediate record of what happened and those people involved or on-site at the time. Please ensure that descriptions are limited to the facts without assignment of blame, and admission of fault. If you require additional space please attach extra sheets to your incident report.

The completed incident report should be sent immediately to:

Pearson Dunn Insurance Inc.  
Sports Administrator, Sports & Recreation Department  
435 McNeilly Road, Suite 103  
Stoney Creek ON L8E 5E3  
Email: [sportsadministrator@pearsondunn.com](mailto:sportsadministrator@pearsondunn.com)

Name of Club: \_\_\_\_\_

Details of Person Completing Incident Report:

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

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

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF INCIDENT**

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 competition, provide 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

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Was First Aid given: \_\_\_\_\_ By whom? \_\_\_\_\_

Nature of treatment given: \_\_\_\_\_

Did the injured person require further medical attention? \_\_\_\_\_

How was the person transported to the treatment facility (hospital / clinic): \_\_\_\_\_

Where was the patient treated & by whom?

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### **PROPERTY DAMAGE**

Owner of damaged property: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Description of damaged property: \_\_\_\_\_

How did the damage occur: \_\_\_\_\_

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Were the police called? \_\_\_\_\_ If yes, advise name of responding Officers: \_\_\_\_\_

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### **WITNESSES**

List all witnesses to the incident

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURES**

Name of Person submitting this report: \_\_\_\_\_

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

Position with Association: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

By Whom: \_\_\_\_\_