



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):

INJURY INFORMATION:

Name of Injured Person:			
Address:			
Phone Number:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Description of Injury:			
Description of Treatment Provided:			
Treatment Provided By:			
Phone Number:			
Contacted: Ambulance <input type="checkbox"/> 911 <input type="checkbox"/> Police <input type="checkbox"/> Family Member <input type="checkbox"/> Other <input type="checkbox"/> _____			

PROPERTY DAMAGE INFORMATION:

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

Signature of Person Completing Report: _____

Date: _____