



EVENT INCIDENT REPORT

To comply with our Insurance Company's Policy, all reports must be filed with the OSGA Office as soon as possible (no later than 7 days) after the incident occurs.

1. LOCATION OF PREMISES/EVENT OR LOCATION OF ACCIDENT/CIRCUMSTANCE

Policy Holder: _____ Policy Number: _____
Contact Person Name: _____ Tel: _____
Address: _____
Town _____ Postal Code: _____
Owner of Premises: _____ Person (s) in Control: _____

Location of Accident:

2. ACCIDENT OR OCCURRENCE

Date: _____ Time: _____
Place: _____
Date First Notified: _____ By Whom: _____

3. DESCRIPTION OF ACCIDENT OR OCCURRENCE

_____ (if
automobile accident, include):
Car License # _____ Insurance Company Names _____ Policy # _____

4. WEATHER CONDITIONS AT TIME OF ACCIDENT (IF APPLICABLE)

5. INJURED PERSON AND NATURE OF INJURY (ONE INCIDENT PER FORM ONLY).

Name: _____ Age: _____ Gender: _____ Tel: _____
Address: _____ Postal Code _____
Status (i.e. competitor, official, spectator, etc.): _____

Death: _____ Broken Bones: _____

Burns: _____

Bruising: _____ Cuts: _____

Sprains: _____

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6. PROBABLE CAUSE OF ACCIDENT OR OCCURRENCE

7. FIRST AID GIVEN

By Whom: _____

Nature of Treatment & Medication Given: _____

8. HOSPITALIZED

Name of Hospital: _____

Method of Transportation: _____

9. PROPERTY DAMAGE

Owner: _____

Address: _____

Postal Code: _____

Description of Damaged Property: _____

Estimated cost of repair/replacement: _____

10. WITNESS OR POLICE

Name: _____ Tel: _____

Address: _____ Postal Code: _____

Name: _____ Station #: _____ Badge #: _____

Incident #: _____

11. OTHER INSURANCE COVERAGE: ACCIDENT, EXTENDED HEALTH, TRAVEL, ETC.

Insurer: _____ Policy #: _____ Type of Policy: _____

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SIGNATURE: _____

DATE: _____

NOTE: This report is prepared in contemplation of litigation and is to assist in the defence of the problem incident, accident or claim referred to herein.

***PLEASE RETURN COMPLETED FORM TO THE OSGA OFFICE:
Suite 103 – 136 Bayfield Street,
Barrie ON L4M 3B1***

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