

**BOXING ONTARIO
INCIDENT REPORT**

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:

Boxing Ontario
3 Concorde Gate, Suite 202
Toronto, ON M3C 3N7
Phone: (416) 426-7250
Fax: (416) 426-7367
Email: info@boxingontario.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, advise 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

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? _____

PROPERTY DAMAGE

Owner of damaged property: _____

Address: _____

Phone: _____

Description of damaged property: _____

How did the damage occur: _____

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

WITNESSES

List all witnesses to the incident

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

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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 ASSOCIATION OFFICE USE ONLY

Date Received: _____
By Whom: _____

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