



CSHA INCIDENT/ACCIDENT REPORT

Date:_____Time:_____

Location of Incident/Accident: _____

Person Injured/Involved:

Name: _____

Address: _____

City/State _____ Zip: _____

Phone #: _____ Date of Birth: _____

If under 18; was parent or guardian present: Yes No

Name: _____

Address: _____ City _____ Zip: _____

Phone #: _____

Was 911 called? Yes No Emergency Services _____ Police Services _____

Was First Aid administered? Yes No EMT Services _____ Dr./ Nurse _____

Were Emergency Services Provided? Yes No Agency: _____

Was Emergency Care "refused"? Yes No Report # _____

Police Contact: Yes No Agency: _____

Report # _____

Incident/accident description: _____

Was event participant Release Form Signed?* Yes No *pull release form/ attach to report

Person of General public? Yes No

**Use 2nd page for additional narrative & witness information

Name of Event: _____ Date: _____

Show Title: _____ Reported by: _____

Location of Event: _____ Title/affiliation: _____

Report Date/time: _____

Signature: _____

Additional Narrative Information:

WITNESS INFORMATION:

1.Name:

Phone:

Address:

Brief Statement: _____

2.Name:

Phone:

Address:

Brief Statement: _____

Return this form to the Event Chairperson **immediately** after the incident/accident. Signed Release forms from the event will accompany this report. It is the Chairperson's responsibility to provide the CSHA Insurance Co-Ordinator and President of the Region with a copy of this report within 24 hours of the incident.