

# EVENT INCIDENT REPORT

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

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

Name of Facility:	
Contact Name:	Tel:
Address:	
Town/City:	Postal Code:
Owner of Premises:	Person(s) in Control:
2. <u>ACCIDENT OR OCCURRENCE</u>	
Date:	Time:
Place:	_
Date First Notified:	By Whom:
3. <u>DESCRIPTION OF ACCIDENT OR OCCURRENCE</u>	
If Automobile Accident, (e.g., Affiliated Club Rental Vehicle), include:	
Car License #	
Insurance Company Name:	Policy #

#### 5. <u>INJURED PERSON AND NATURE OF INJURY (ONE INCIDENT PER FORM ONLY)</u>

Age:	
Telephone:	
<u>CE</u>	
	Age: Telephone: 

#### 8. <u>HOSPITALIZED</u>

Name of Hospital:	
Name of Doctor:	Method of Transportation:
Treatment Given:	

#### 9. **PROPERTY DAMAGE**

Owner: Description of Damaged Property:			
Estimated cost of repair/replacement:			
10. <u>WITNESS OR P</u>	<u>OLICE</u>		
Name:		Telephone:	
Address:		Postal Code:	
Station #:		Incident #:	
Badge:			
11. <u>OTHER INSURA</u>	ANCE COVERAGE: ACCIDENT,	EXTENDED HEALTH, TRAVEL, ETC.	
Insurer:	Policy #:	Type of Policy:	
Insurer:	Policy #:	Type of Policy:	
SIGNATURE:		DATE:	
PLEASE RETURN C TO INFO@PICKLEB		XLEBALL CANADA REPRSENTATIV	E ON SITE O

## LINKS TO PCO SPORT ACCIDENT CLAIM FORM AND PROCEDURES:

https://pickleballcanada.org/wp-content/uploads/2022/07/Sport\_Accident\_Reporting\_Procedures.pdf

https://pickleballcanada.org/wp-content/uploads/2021/04/Sports-Accident-Claims-form-English.pdf

**<u>NOTE:</u>** 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.