



INCIDENT REPORT FORM FOR SSEI SPORT PROGRAM MEMBERS

Date of Incident	
	Day/ Month/Year

OPERATOR	Company Name				
	Activity		Business		
	Address		Mobile		
			Fax		
			Email		
Person completing Report		Date report completed			
		Day/Month/Year			
INJURED PARTY	Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address			Business	
				Mobile	
	Date of Birth	Day/Month/Year	Age	Residence	
INCIDENT	Objective description of incident				
	Attach additional page if needed				
INJURY FIRST AID	Injury, Signs and Symptoms		Treatment		
WITNESS	Name		Business		
	Address		Residence		
			Mobile		
INCIDENT INVESTIGATION	Name		Business		
	Address		Residence		
			Mobile		
	<input type="checkbox"/> Witness statements <input type="checkbox"/> Photographs of incident site <input type="checkbox"/> Diagram of incident site <input type="checkbox"/> Notify Police – serious injury or fatality <input type="checkbox"/> Notify Workers Compensation – employee only		IMMEDIATELY TELEPHONE, FAX OR EMAIL THIS REPORT TO THE BROKER tel: 866-889-4763 EXT.22 fax: 866-467-9770 email: info@sportsinsurance.com		