v.2020-06

VOLLEYBALL BC

VOLLEYBALL BC INCIDENT/INJURY REPORT FORM

STAFF INFORMATION

Reportee Name:		Date of Incident:	
Reportee Position:		Location of Incident:	

INCIDENT/INJURY/SUSPECT INFORMATION

Full Name:		Birth Date: (YYYY/MM/DD)	
Phone Number:		Time of Incident:	
Address:			

☐ INJURY	☐ MEDICAL EMERGENCY	☐ UNRULY PERSON	☐ PHYSICAL ASSAULT
☐ FIRST AID ADMINISTERED	☐ POWER OUTAGE	☐ MISSING PERSON	☐ THEFT
☐ NATURAL DISASTER	☐ OTHER:		

INCIDENT SUMMARY

Please provide a comprehensive summary of what occurred: *If there was an injury, medical emergency, or first aid was administered, please describe the injury and/or what first aid was administered. If there was a suspect but you do not have their information, please provide a description (height, weight, build, ethnicity, hair colour, etc.) if possible.*

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INCIDENT SUMMARY CONTINUED

Please provide a comprehensive summary of what occurred (additional space):

Please fill in an "X" if any emergency services were called:

☐ POLICE	☐ FIRE	☐ AMBULANCE	☐ No Emergency Services Called

WITNESS INFORMATION

Witness Name:		Witness Phone Number:	
Witness Address:		Witness Email:	

ADMIN FOLLOW-UP

Injured Party/Victim Contacted:	☐ Yes ☐ No	Date Contacted: (YYYY-MM-DD)	
Witness Contacted:	☐ Yes ☐ No	Date Contacted: (YYYY-MM-DD)	

Copy of report forwarded to:

☐ Director of Operations	☐ Chief Executive Officer	☐ N/A

Additional Follow-Up/Information (if needed):