

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.

Name of Facility:	
Contact Name:	
A 11	
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 OCC</u>	<u>CURRENCE</u>
If Automobile Accident, (e.g., Affiliated Club Renta	al Vehicle), include:
Car License #	
Insurance Company Name:	Policy #

WEATHER CONDITIONS AT TIME OF ACCIDENT (IF APPLICABLE)		
INJURED PERSON AND NATURE OF IN	JURY (ONE INCIDENT PER FORM ONLY)	
	CONTINUED ENTITER TORM ONE T	
Name:		
	Age:	
Gender:		
Address:		
Postal Code:		
Status (i.e., competitor, official, spectator, etc):		
pruising, concussion, sprain, death, etc.):		
bruising, concussion, sprain, death, etc.):		
bruising, concussion, sprain, death, etc.):		
bruising, concussion, sprain, death, etc.):		
bruising, concussion, sprain, death, etc.):		
<u>, </u>		
bruising, concussion, sprain, death, etc.):		
bruising, concussion, sprain, death, etc.): PROBABLE CAUSE OF ACCIDENT OR C		
bruising, concussion, sprain, death, etc.): PROBABLE CAUSE OF ACCIDENT OR C FIRST AID GIVEN	DCCURRENCE	
bruising, concussion, sprain, death, etc.): PROBABLE CAUSE OF ACCIDENT OR C FIRST AID GIVEN By Whom:	DCCURRENCE	

Name of Hospital:		
Name of		Method of
reatment		
PROPERTY DA	AMAGE	
owner:		
	_	
stimated cost of		
epair/replacement:	POLICE	
epair/replacement: WITNESS OR 1		
epair/replacement: <u>WITNESS OR I</u> Vame:	POLICE	Telephone:
witness or by Mame: Address:	POLICE	Telephone: Postal Code:
witness or inverse with the control of the control	POLICE	Telephone: Postal Code: Incident #:
Name: Address: Station #: Badge:	POLICE	Telephone: Postal Code: Incident #:
witness or before the control of the	POLICE	Telephone: Postal Code: Incident #: EXTENDED HEALTH, TRAVEL, ETC.
Name: Address: Badge: OTHER INSUR	RANCE COVERAGE: ACCIDENT, Policy #:	Telephone: Postal Code: Incident #: EXTENDED HEALTH, TRAVEL, ETC.

PLEASE RETURN COMPLETED FORM TO PICKLEBALL CANADA REPRSENTATIVE ON SITE OR TO INFO@PICKLEBALLCANADA.ORG

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

NOTE: 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.