

SECTION A: GENERAL INFORMATION

Location of Accident/Incident	Date of Accident/Incident (d/m/y) / / 20	Time am / pm
GWSA Activity / Event		Group Leader

Person Reporting the Accident/Incident

First name:	Last Name	Phone #
Address	City	Postal code
		Email

SECTION B: INJURED PERSON OR PERSON INVOLVED IN ACCIDENT/INCIDENT

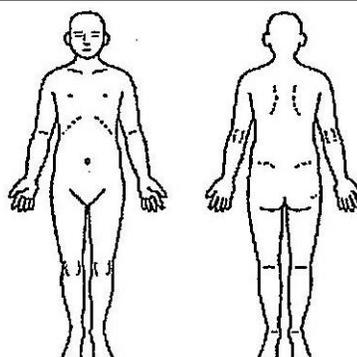
First name:	Last Name	Phone #
Address	City	Postal code
		Email

SECTION C: WITNESS INFORMATION

First name	Last name	Phone #
Address	City	Postal Code
		Email
First name	Last name	Phone #
Address	City	Postal Code
		Email

SECTION D: ACCIDENT/INCIDENT DETAILS (continue in Section 1 if more space needed)

SECTION E: INJURIES (if applicable)

Medical treatment requested by injured party: Yes / No	Basic first aid	Type of medical treatment received			
SECTION F: ADVANCED FIRST AID TREATMENT (to be completed by those qualified to perform first aid treatment)					
CPR performed: Yes / No	AED used	Yes / No			
SECTION G: TRANSPORTATION: Person transported by					
<input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Family			<input type="checkbox"/> Other		
SECTION H: COMMUNICATION					
General Contacts	Yes / No	Name of Contact	Contact's phone #	Time contacted	Arrival time
City Staff	Y / N				
Emergency contact person for the injured person	Y / N				
Group leader	Y / N				
EMS Contacts					
EMS Contacts	Yes / No	Time contacted	Arrival Time	Occurrence # (if provided)	
Ambulance	Y / N				
Fire	Y / N				
Police	Y / N				
SECTION J: ADDITIONAL DETAILS or ATTACHMENTS (e.g., photos of the accident scene):					

Reported by: Name _____
 Signature _____

Please complete this form as fully as possible and submit it promptly to:
 GWSA President
 GWSA Executive Director
 683 Woolwich Street, Guelph, Ontario NIH 3Y8
 Email: president@gwsa-guelph.ca
 executivedirector@gwsa-guelph.ca

For distribution to:
 GWSA Program Committee Chair