

# SMBA Incident Report

Please complete this form fully after EVERY serious injury at a SMBA event. Return all completed forms to the League office, at the address below, or return to a gym supervisor. Additional forms are available on the SMBA web site [www.smba.ca](http://www.smba.ca).

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_ Address: \_\_\_\_\_

## Injured Person

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_ Part of Body Injured: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was treatment provided?  yes  no

If yes, what type of treatment? \_\_\_\_\_

Was the injured taken to hospital?  yes  no

If yes, where? \_\_\_\_\_

Who reported the accident?

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Who saw the accident (witnesses)?

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Use the back of this page or attach any other pertinent information relating to the incident