

APPENDIX G SCA INCIDENT REPORT

Location of Accident	Date of Accident	Hour of Accident a.m. or p.m.
Name of Injured person	Age	Telephone Number
Address of injured person (E-Mail address if available)		
Nature of Injuries (please use the back of the form for additional writing space)		
Details of how the accident occurred (please use the back of the form for additional writing space)		
Type of first aid administered:		
Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog/Mist <input type="checkbox"/> N/A	Light Conditions <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Darkness <input type="checkbox"/> Artificial	
Road Condition <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Under Repair <input type="checkbox"/> Other-Specify	Type of Incident <input type="checkbox"/> Fall <input type="checkbox"/> Car/Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other-specify	
Medical Service Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the Hospital & address:		
Name of attending physician (if any)		
Names, addresses, phone numbers of witnesses 1. 2. 3.		
Name of police officer (if notified)	Division:	Badge No:

If a motor vehicle was involved, please complete the following:

Licence number of the vehicle
Name and address of the DRIVER of the vehicle
Name and address of the OWNER of the vehicle

This form is being filled out by _____

Address _____ Home number _____ Work Number _____

City _____ Province _____ E-Mail _____

Signature: _____ Date _____