

# BCSSA Accident Report Form

**This form is to be used to report all accidents, injuries or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Coach of the person(s) involved or a Club Executive Member.**

**Please complete this form within 24hours. The completed form must be faxed to the Regional Director and BCSSA Provincial Office within five (5) calendar days.**

Date of Accident: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
Time of Accident: \_\_\_\_\_ Time Reported: \_\_\_\_\_  
Location of Accident: \_\_\_\_\_  
Name of Individual(s) Involved: \_\_\_\_\_

\_\_\_\_\_   
Date of Birth of Individual(s) involved if minor(s) (under 19years): \_\_\_\_\_

Reporter Name: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Position: \_\_\_\_\_ Club: \_\_\_\_\_

Witness(es) Name(s): \_\_\_\_\_  
Witness(es) Name(s): \_\_\_\_\_  
Witness(es) Phone Number(s): \_\_\_\_\_  
Witness(es) Phone Number(s): \_\_\_\_\_  
Accident Description (Reporter):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Description from Witnesses (if available). *Make note if separate statements are attached.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police/Emergency Crews in Attendance (if applicable): \_\_\_\_\_

Injury (including name of person, contact information, and injury description): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporter: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_

***The following section must be completed by the Club President (or alternate) upon investigation.***

**Probable cause or causes of accident:**

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**Prevention of accident recurrence**

Describe what action is planned or has been taken to prevent a recurrence of the accident, based on the key contributing factors:

Immediate action: .....

Long term action: .....

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**AUTHORIZATION (ALL SIGNATURES ARE REQUIRED)**

Person involved in the accident (Parent or Guardian if child is a minor) Name (please print): ..... Signature: ..... Date: .....	Witness: Name (please print): ..... Signature: ..... Date: .....
Witness: Name (please print): ..... Signature: ..... Date: .....	Club President: Name (please print): ..... Signature: ..... Date: .....

**OFFICE USE ONLY**

Received:	Review date:	Follow up:
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