

INCIDENT INVESTIGATION REPORT

1) Type of Incident (Check all that apply)

- Serious Injury Serious Incident Minor Injury
- Potential for Serious Injury (Near Miss)
- Property Damage Other: _____

2) Basic Information

Report Taken By: _____

Title / Position: _____

Date & Time of Incident: _____

Location of Incident: _____

3) Injured Person

Name: _____

Club Employee: Yes No

Nature of Injury: _____

Severity: Fatal Medical Aid Required First Aid

Time Lost from Work Permanent Disability

4) Witnesses (If any)

Witness Statements taken? Yes (attached to report) No

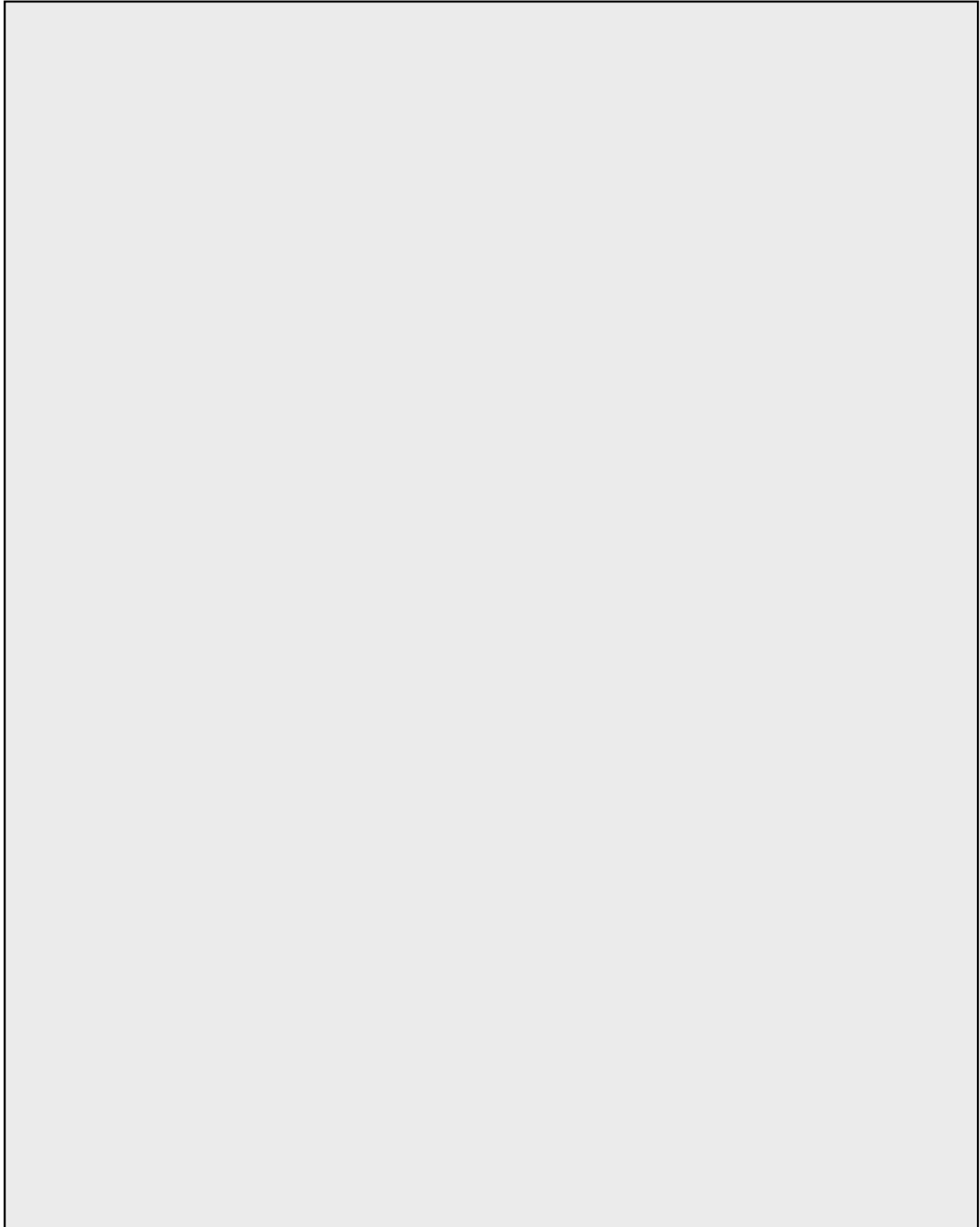
Witness Name: _____

Contact Number: _____

5) Circumstances & Description of the Incident

A large rectangular box containing 20 horizontal lines for writing.

6) Sketch a Diagram of the Incident Scene (Please attach photos as well)



7) Contact Information

Your Insurance Broker

Name: _____

Office: _____

Cellular: _____

Website: _____

8) Emergency Contact Information

First Onsite Restorations - 24/7 Emergency Response

Toll free: **(877) 778-6731**

Via Email: signaturegolf@firstonsite.ca

Crawford Claims Adjustors

24/7 Claims Alert Toll Free: **(877) 805-9184**

Via Email: signatureclaims@crawco.ca

Please Reference: Signature Golf

Signature Risk Partners Inc.

Toll free: **(800) 260-9921**

Website: www.signaturerisk.com