

INCIDENT REPORT

Immediately report **ALL** incidents to the Chair of either the Security or Medical Committee.

This form is to be completed for **every** incident relating to a security or medical occurrence involving a participant (athlete, coach, official or volunteer) of the 2010 Ontario Winter Games. Once completed the form is to be forwarded to the Venue Manager for distribution as outline in 2010 Ontario Winter Games Site Emergency Notification Protocol.

Directions: Complete Part "A" for **all** occurrences

- Security Occurrence complete Part "B"
- Medical Occurrence complete Part "C" (back of form)
- Security/Medical personnel should sign and date in appropriate area

PART "A" INVOLVED PERSON INFORMATION

Venue: _____	Location: _____
Date: _____	Time: _____
Name of involved Person(s): _____ _____	Sport(s): _____ _____
If not a registrant of the Games: Address: _____ Phone: _____	
Is the involved Person an: Athlete Coach Official Volunteer Spectator (please circle)	
Reported By: Name _____	

PART "B" SECURITY INCIDENT

Incident Details	
Action(s) Taken	
Witness(es) (Name and Sport): _____ _____	
Police Called: <input type="checkbox"/> yes <input type="checkbox"/> no	Responding Officer Name: _____ Badge # _____
Team Lead notified: <input type="checkbox"/> yes <input type="checkbox"/> no	

Security Personnel

Signature: _____ **Date:** _____

PART "C" MEDICAL INCIDENT

Incident Details

Medical Assessment Completed

Treatment Conducted

Suspected Head Injury yes no
if yes, SCAT-2 completed & attached yes no

Team Lead Notified: yes no

Ambulance Dispatched (by Team Lead) yes no

Medical Personnel

Signature: _____

Date: _____

Venue Manager

Signature: _____

Date: _____

Medical/Security Chair

Signature: _____

Date: _____