

FOR RECORDING PURPOSES ONLY

Skate Canada Online Incident Report MUST be completed online within 30 days of the incident!

REMINDER: The Online Incident Report is an exciting tool that will allow us to effectively collect and analyze incident information. This reporting will not only guarantee insurance compliance but will also allow us to proactively implement preventative measures and best in class safety programs.

Please find below the questions that will need to be answered online when completing the Online Incident Report.

ONLINE INCIDENT REPORT – QUESTIONS

Name of the Skate Canada club/skating school: *(mandatory)*

Skate Canada club/skating school #: *(optional)*

Name of the adult that was in charge at time of incident: *(mandatory)*

10-digit Skate Canada # of the adult in charge at time of incident: *(optional)*

Primary Phone # of the adult in charge at time of incident: *(optional)*

Email of the adult in charge at time of incident or club/skating school email: *(mandatory)*

INCIDENT INFORMATION

Full name of registrant involved in the incident: *(mandatory)*

Date of Birth (DD / MM / YYYY): *(mandatory)*

10-digit Skate Canada #: *(mandatory)*

Registrant's Address – Street, City, Province, and Postal Code: *(mandatory)*

Registrant's Primary Phone #: *(mandatory)*

Registrant's email: *(mandatory)*

Date of Incident (DD / MM / YYYY): *(mandatory)*

Was there video surveillance (circle answer): YES NO

Location of Incident (circle answer): *(mandatory)*

- On ice surface during regular skating sessions
- Off ice at skating club/school
- On ice surface during a competition
- Conference / Meeting
- Vehicle (Car Accident) – *see last page for more information to be completed*
- Other – must identify by providing a description

Provide a short summary of Incident: *(mandatory)*

Were there any injuries (circle answer): *(mandatory)* YES NO

Injury Severity (circle answer): *(mandatory)*

- High (9 - 18 months recovery)
- Medium (3 - 6 months recovery)
- Mild (3 - 8 weeks recovery)
- Low (1 - 2 weeks recovery)
- Unknown

Injury Type (circle answer): *(mandatory)*

Abrasion	Burn	Concussion
Contusion	Cut	Dislocation
Fracture	Head injury	Inflammation
Lace bite	Laceration	Loss of Consciousness
Muscle strain	Puncture	Sprain
Strain	Stress fracture	Tear
Tendonitis	Other – (describe)	

Location of Injury (circle answer): *(mandatory)*

ACL	Eyes	Lower arm	Upper arm
Ankle	Face	Lower back	Upper back
Back	Finger	Lower leg	Upper leg
Buttock	Foot	Mouth	Wrist
Chest	Hand	Neck	Unknown
Genitalia	Head	Shoulder	Other (describe):
Groin	Hip	Stomach	
Elbow	Knee	Toe	

Cause of Injury (circle one or more causes or select other and provide a description) *(mandatory)*

Bad Ice	Hit by blade	Medication	Technique
Clothing	Failed to follow instruction	Misbehaviour	Weather
Controlled substance	Fall/slip on ice	New /Increased activity	Lack of supervision
Darkness	Fall/slip off ice	Overuse	Unfit
Dehydration	Hostile bystander	Poor warmup	Unilateral movements
Drugs / Alcohol	Impact	Posture	Other (describe):

Equipment failure	Improper equipment	Pre-existing injury
Exceeded ability	Improper instruction	Pronation
Exhaustion	Lighting	Psychological

Injury Comments:

Was medical assistance sought (circle answer): *(mandatory)* YES NO

Medical assistance was provided by (circle answer): *(* mandatory if answered yes to previous question)*

- First Responder
- Nurse
- Paramedic
- Doctor / Physician / Medical Practitioner
- Other (describe):

Was the registrant transported to a hospital or clinic (circle answer): *(mandatory)* YES NO

Provide name of the hospital or clinic: *(mandatory if answered yes to previous question)*

Full name of the medical practitioner:

How was the injured transported to the hospital or clinic (circle the answer): *(mandatory if answered yes to previous question)*

- By Ambulance
- By his/her own vehicle
- By vehicle as a passenger
- By Public Transportation (Taxi, Bus, etc.)

Were police contacted (circle answer): YES NO

Officer's full name:

Badge # and Station name:

Police Report #:

Comments:

Were parents / guardians or partner contacted (circle answer): *(mandatory)* YES NO

Full name of Parent / Guardian or Partner: *(mandatory if answered yes to previous question)*

Relationship or role (ex. mother father, partner): *(mandatory if answered yes to previous question)*

Primary phone #: *(mandatory if answered yes to previous question)*

Parent/guardian or partner's email: *(mandatory if answered yes to previous question)*

Were any additional people contacted (circle answer): *(mandatory)* YES NO

Provide contact information: *(mandatory if answered yes to previous question)*

Was there a witness to the incident or accident (circle answer): *(mandatory)* YES NO

Full name of witness: *(mandatory if answered yes to previous question)*

Witness' Email: *(* mandatory if answered yes to previous question)*

Primary phone #:

Were there any additional witnesses (circle answer): *(mandatory)* YES NO

Contact Information: *(mandatory if answered yes to previous question)*

VEHICLE INFORMATION & DETAILS: *(mandatory if involved in a vehicle accident)*

Driver's Full name: *(mandatory)*

Driver's Address – Street, City, Province, Postal Code and Country: *(mandatory)*

of passengers in the vehicle: *(mandatory)*

License Plate #: *(mandatory)*

Name of the Insurance Company & Policy #: *(mandatory)*

Was there another vehicle involved (circle answer): *(mandatory)* YES NO

Driver's Full name: *(mandatory)*

Driver's Address – Street, City, Province, Postal Code and Country: *(mandatory)*

of passengers in the vehicle: *(mandatory)*

License Plate #: *(mandatory)*

Name of the Insurance Company & Policy #: *(mandatory)*

IMPORTANT:

Information captured on the printable version of the incident report must be submitted through the Online Incident Report no later than thirty (30) days from the date of the incident.

To complete and submit the Incident Report please go to:

www.skatecanada.ca -> Info Centre -> Safe Sport -> Incident Report