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## INCIDENT REPORT

*(Please type or print)*

### A. GENERAL

Name of Instructor Involved: \_\_\_\_\_ Name of Course: \_\_\_\_\_

Date of Incident: \_\_\_\_\_, 20\_\_\_\_ Time of Incident: \_\_\_\_\_

Description of how incident occurred: \_\_\_\_\_

\_\_\_\_\_

**WITNESSES** - If more than 2 witnesses, attach an additional sheet or \_\_\_\_ There were no witnesses to the Incident

Activity of Witness

1. Name of Witness: \_\_\_\_\_ at time of Incident: \_\_\_\_\_

Activity of Witness

2. Name of Witness: \_\_\_\_\_ at time of Incident: \_\_\_\_\_

### B. COMPLETE WHEN THERE IS PERSONAL INJURY

Name of Injured Person: \_\_\_\_\_ Age: \_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Briefly Describe Injury: \_\_\_\_\_

Did Injured Person Go to Hospital? \_\_\_\_\_

### C. COMPLETE WHEN THERE IS PROPERTY DAMAGE

Describe property that was damaged: \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address of Property Owner \_\_\_\_\_ Postal Code: \_\_\_\_\_

Did Fire Department Attend? \_\_\_\_ Were Police notified? \_\_\_\_

Name of Person Completing Report: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 200\_\_\_\_\_

SCE Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_