

Brain Tumour Foundation of Canada Accident/Incident Report



Date:	Site Name:
Name of Person(s) Involved:	Location:
Age of Individual:	Gender: 0 male 0 Female
Time of Injury:	

Address:
Phone #:
Emergency Contact Name & Phone #:
Where did incident Occur:
Describe the accident/incident and the treatment or action taken:

Did the person resume activities? 0 Yes 0 No Was first aid given? 0 Yes 0 No
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Emergency Response Informaton

0 Police 0 Fire 0 Ambulance	Did media come to the scene 0 Yes 0 No
Name of Officer/Attendant:	Badge #:
Incident #:	Time Called: Time Arrived:

Witness Information (plus who is filling out form)

Name:	
Address:	Phone:
Name:	
Address:	Phone: