



Canadian Snowsports Association (CSA) Incident Reporting

General

1. An incident report should be submitted immediately for any injury to members of the public which occur either through contact with CSA members in training or competition or while on a closed course used for training or competition or where they encounter club or ROC equipment.
2. Report any injury requiring hospitalization to any member of a CSA discipline club, ROC, volunteers involved in any club program or activity.
3. Report all damage to property owned by others arising out of club or program activity.
4. Use CSA Incident Report Form as attached.

Reporting Process

1. Email or Fax copy of the incident report to:

a) **JLT Insurance Brokers**

Jamie Curran, CIP or
National Claims Manager
16th Floor, 1111 West Georgia St
Vancouver, BC V6E 4G2

Email: jcurran@jltcanada.com

Direct: 604 609 5551
Cellular: 604 376 3589
Fax: 604 682 3520

Margaret McWilliams
Assistant Vice President, Claims
16th Floor, 1111 West Georgia St
Vancouver, BC V6E 4G2

Email: mmcwilliams@jltcanada.com

Direct: 604 640 4251
Cellular: 604 307 5110
Fax: 604 682 3520

and,

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b) **Canadian Snowsports Association**

Attn: David Pym

Email: dpym@isrm.com Fax: 604-669-7954

and,

c) **National Sport Organization for your Discipline.**

2. Mail **original** with all attachments to:

JLT Insurance Brokers
16th floor, 1111 West Georgia Street
Vancouver, BC V6E 4J2

Attention: Jamie McCurran, CIP & Margaret McWilliams

3. CSA, in consultation with JLT and Insurers will determine if investigation by CSA Insurance Adjusters is warranted and CSA will advise the adjusters of the NSO Discipline and Incident Report contact information. CSA will also advise the Discipline and involved club or entity.

SPECIAL INSTRUCTIONS

Instructions spéciales pour la sauvegarde des rapports d'incidents

Report all incidents promptly, regardless of how trivial they may seem.

Treat the injured person with courtesy and sympathy, but do not admit liability or make any commitments.

Do not attempt to render first aid, except to make the injured person as comfortable as possible.

If the person is rendered unconscious, call the police or emergency hospital. If the person is conscious and the injury requires immediate medical attention, let the injured person name the doctor to be called. Never engage the service of a doctor without the consent of the injured person.

Get the names and addresses of all witnesses. Do this in a way that will not magnify the seriousness of the accident.

Inspect the place of the accident and the cause and conditions surrounding it. If possible, remove or have the cause removed immediately to prevent further accidents. Screen off or otherwise protect the area while clean-up is made. If there is no apparent reason for the accident, try to get the witnesses to inspect the scene.

Do not discuss the accident with anyone outside the company except representatives of Jardine Lloyd Thompson after they have identified themselves. Co-operate with them in every possible manner. Caution any employees who may have witnessed the accident that that are likewise not to discuss it with outsiders.

Vous devez rapporter tous les accidents sans délai, peu importe leur gravité.

Le blessé doit être traité avec courtoisie et compassion, mais vous ne devez engager à rien, ni admettre votre responsabilité.

Il ne faut pas essayer d'administrer les premiers soins, uniquement reconforter le blessé.

Si le blessé est inconscient, appeler la police ou l'ambulance. S'il est conscient et que des soins médicaux sont nécessaires, laissez le blessé choisir le médecin à prévenir. Ne pas avoir recours aux services d'un médecin sans le consentement de blessé.

Il est important de noter les noms et adresses de tous les témoins, mais il faut éviter d'utiliser une attitude qui pourrait amplifier la gravité de l'accident.

Vous devez inspecter les lieux et examiner les causes et les circonstances de l'accident. Au cas où d'autres accidents risqueraient de se produire, il faut tenter d'éliminer toute cause de danger. Vous devez baliser ou protéger l'accès de la zone de l'accident pendant qu'on la nettoie. Au cas où l'accident n'aurait pas de cause évidente, il peut être utile de demander aux témoins d'inspecter les lieux.



MUST BE COMPLETED BY THE TD OR PERSON IN CHARGE
DOIT ETRE COMPLÉTÉ PAR LE DT OU LA PERSONNE EN CHARGE

Insurance Assurance	Policy Holder Titulaire de police	CANADIAN SNOWSPORTS ASSOCIATION POLICY NO: No DE POLICE DE L'ASSOCIATION CANADIENNE DE SKI ET DE SURF DES NEIGES:
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Location of Accident SKI AREA
STATION DE SKI _____

Lieu de L'accident OWNER OF PREMISES
PROPRIÉTAIRE DES LIEUX _____

OCCUPANT IN CONTROL
OCCUPANT EN CHARGE _____

CONTACT PERSON
NOM DE LA PERSONNE À
CONTACTER _____

NAME/NOM

ADDRESS/ADRESSE

ADDRESS/ADRESSE

()

TEL

DOES OCCUPANT LEASE DIRECT FROM OWNER OR ANOTHER (ATTACH COPY OF LEASE)? L'OCCUPANT D'ETIENT-IL SON
 BAIL DIRECTEMENT DU PROPRIÉTAIRE OU D'UNE TIERS PERSONNE (JOINDRE UNDE COPIE DU BAIL)? _____

Accident or Occurrence DATE ____ / ____ / ____ TIME ____ TRAIL ____
 Accident ou Evénement DD MM YEAR HEURE PISTE

SKI CLUB
CLUB DE SKI _____

NAME OF THE COMPETITION OR
TRAINING ACTIVITY _____
NOM DE LA COMPÉTITION OU ENTRAÎNEMENT

NAME OF THE RACE CHAIRMAN OR
PERSON IN CHARGE _____
NOM DU DIRECTEUR DE L'ÉPREUVE OU DE LA PERSONNE RESPONSIBLE

ADDRESS/ADRESSE

ADDRESS/ADRESSE

() _____
TEL.

DATE INSURANCE COMPANY NOTIFIED _____ BY WHOM/ _____
PREMIER AVIS À LA COMPAGNIE D'ASSURANCE AVISÉ PAR

Injured Person
Personne Blessé

NAME/NOM AGE SEX/SEXE

ADDRESS/ADRESSE

() _____
TEL

STATUS: COMPETITOR _____ OFFICIAL _____ SPECTATOR _____
COMPÉTITEUR OFFICIEL SPECTATEUR

CLUB/AFFILIATION DIVISION

COUNTRY/PAYS

Nature of injury
Description de la
Blessure

Description of
Accident or
Occurrence:
Description de
L'accident/événement:

Weather condition at
time of accident:
Conditions
Météorologiques au
moment de l'accident:

Probable cause of
Accident:
Raison probable de
l'accident ou de
l'événement:

First Aid Given:

NATURE OF TREATMENT/NATURE OF TRAITEMENT

MEDICATION GIVEN/MÉDICAMENTS DONNÉS

BY WHOM/ADMINISTRÉ PAR

HOSPITAL:
HOPITAL:

NAME OF HOSPITAL/NOM DE L'HOPITAL

METHOD OF TRANSPORTATION/MÉTHODE DE TRANSPORT

Doctor in attendance/Médecin traitant:

Witness:
Témoin:

NAME/NON

ADDRESS/ADRESSE

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TEL.

2nd Witness:
Temoin:

NAME/NON

ADDRESS/ADRESSE

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TEL.

Report of the TD:
Rapport de DT:

NAME/NON

ADDRESS/ADRESSE

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TEL.

Property Damage:
Dommages Matériels

OWNER/PROPRIÉTAIRE

ADDRESS/ADRESSE

DESCRIPTION OF PROPERTY/DESCRIPTION DES BIENS

ESTIMATED COST OF REPAIR OR REPLACEMENT/COUT ESTIMÉ DE LA RÉPARATION/REPLACEMENT

Other Insurance:
HOPITAL:

INSURER/ASSURER

POLICY NO.

TYPE OF POLICY

**COMPLETE THIS FORM WHEN A MAJOR ACCIDENT OCCURS
REPLISSEZ CE FORMULAIRE POUR TOUT ACCIDENT GRAVE**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>FULL COURSE/ PISTE COMPLÈTE</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>SHOW WHERE ACCIDENT HAPPENED / INDIQUEZ À QUEL ENDROIT A EU LIEU L'ACCIDENT</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>SHOW HOW ACCIDENT HAPPENED/ INDIQUEZ DE QUELLE FAÇON L'ACCIDENT EST-IL SURVENU</p> </div> <p>INDIQUEZ OÙ SE TROUVENT LES PORTES</p>		
	<p>PROFILE / PROFIL</p>		
	<p>STEEP/ABRUPT</p>	<p>MEDIUM/MOYEN</p>	<p>FLAT/PLAT</p>