



PENTICTON PICKLEBALL CLUB (PPC)
INCIDENT REPORT
REPORT MUST BE COMPLETED FOR ALL INJURIES

Incident Date: _____ 20__	Date Reported if Different From Incident Date: _____ 20__
Time: _____ AM / PM	Head Injury: Yes _____ No _____
Reported By: _____	
Accident Location: Penticton Pickleball Courts - 2965 South Main Street, Penticton	
Details of Accident: (Use back of sheet if additional space is required.) 	
Was an Ambulance Called: Yes _____ No _____	
<u>INJURED PERSON</u>	
Name: _____ Phone Number: _____	
Address: _____	
<u>WITNESSES</u>	
Name: _____ Phone Number: _____	
Address: _____	
Name: _____ Phone Number: _____	
Address: _____	
<u>FOR ADMINISTRATIVE USE</u>	
Corrective Measures Recommended:	
1.	
2.	
SUBMIT INCIDENT REPORT TO CLUB SECRETARY	