



WITNESS REPORT

WITNESS DETAILS

NAME OF WITNESS: **BIRTHDATE:** **SEX:**
ADDRESS: **CITY/TOWN:** **POSTAL CODE:**
PROVINCE: **PARENT/GUARDIAN:**
PHONE NUMBER: **FAX NUMBER:** **EMAIL:**

IMPORTANT: FORM MUST BE COMPLETED TO THE BEST CAPABILITY OF THE WITNESS.

A Witness is an individual who, being present, personally sees an incident / event occur.

This form must be completed for each case where a player, spectator or any other person at a sanctioned rugby activity, sustains an injury.

WHO WAS INJURED?

PLAYER **OFFICIAL** **JUDGE** **VENDOR** **SPECTATOR** **OTHER:**

NAME: **TEAM:**
CLUB: **UNION:**

BODY PART INJURED

HEAD:	BACK:	TRUNK:	PELVIS:	ARM:	Left	Right	LEG:	Left	Right
Eye Area	Face	Neck	Ribs	Hip	Shoulder	Hand/Finger	Thigh	Ankle	
Throat	Dental	Upper	Chest	Groin	Upper Arm	Forearm/Wrist	Foot	Shin	
Ear	Nose	Lower	Abdomen	Other	Elbow	Collarbone	Knee	Toe	

ON-SITE CARE: On-Site Care Only Refused Care **SENT TO HOSPITAL BY:** Ground Ambulance Air Ambulance Car

WHERE INCIDENT OCCURRED:

Pitch Locker Room Stands Concession Area Parking Lot City Name:
Exhibition / Regular Season Playoffs / Tournament Practice Try-Outs Other
Warm-Up 1st Half 2nd Half Injury Time

WAS THIS A SANCTIONED RUGBY CANADA ACTIVITY? Yes No

DESCRIBE HOW ACCIDENT HAPPENED: Attach page if necessary.

SIGNED: **DATE:**
(Parent/Guardian if under 18 years of age)

Completed International Clearance forms must be addressed to Rugby Canada via injuryclaims@rugby.ca