



# 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

<b>HEAD:</b>	<b>BACK:</b>	<b>TRUNK:</b>	<b>PELVIS:</b>	<b>ARM:</b>	Left	Right	<b>LEG:</b>	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 Witness forms must be addressed to Rugby Canada via [injuryclaims@rugby.ca](mailto:injuryclaims@rugby.ca)