

SPECIAL INSTRUCTIONS FOR REPORTING INCIDENTS

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.

Il ne faut pas discuter des circonstances de l'accidenté, excepté avec les représentants de Jardine Lloyd Thompson, une fois que ceux-ci se sont fait connaître. Vous devez alors collaborer avec eux de votre mieux. Tous les employés témoins de l'accident doivent aussi être prévenus qu'ils ne doivent pas en parler avec des étrangers.

Report completed by NAME/NOM **James Tester**
Rapport rempli par

SIGNATURE **PLEASE SIGN YOUR NAME HERE**

DATE 12 / 02 / 2020
DAY MONTH YEAR

This report is prepared in contemplation of litigation and is to assist in the defence of the problem incident, accident or claim referred to herein. The accident report should be completed in the case of all injury to non-competitors, in the case of injury to competitors requiring hospitalization irrespective of whether it occurred in training or competition.

When an accident occurs, get full details and enter them on this form. Use the completed form as the basis to report the accident by telephone immediately to Jardine Lloyd Thompson's office by giving them all the information. Make two copies, keep a copy on file for at least two years, send a copy to Canadian Snowsports Association, and send the original directly to the Jardine Lloyd Thompson office within 24 hours after the incident.

Ce rapport est rédigé en prévision d'un litige pour documenter la défense de l'incident, accident ou réclamation dont il est question dans ce document. Le rapport d'accident doit être complète toutes les fois qu'un non-concurrent et toutes les fois qu'un skieur compétitive subit des blessures nécessitant de l'hospitalisation, que ce soit lors de compétition ou entraînement.

Lorsqu'un accident arrive, procurez-vous tout les détails et complétez le formulaire. Utilisez les renseignements recueillis sur le formulaire afin de rapporter immédiatement, par téléphone, l'accident au bureau de Jardine Lloyd Thompson. Faites deux copies du formulaire, gardez-en une en filière, pour une période d'au moins deux ans et envoyez l'autre copie à Association Canadienne Sports d'Hiver et envoyez l'original directement au bureau de Jardine Lloyd Thompson et ce, dans les 24 heures après l'accident.

1. Canadian Snowsports Association
c/o David Pym
Suite 202, 1451 West Broadway
Vancouver, BC
V6H 1H6
dpym@isrm.com
Tel: 604-734-6800
Fax: 604-669-7954

2. Jardine Lloyd Thompson Inc.
c/o Will Dear **and** Sandy Millar
16th floor, 1111 West Georgia St.
Vancouver, BC
V6E 4J2
wdear@jltcanada.com
smillar@jltcanada.com
Direct Phone: 604-640-4251 (Will Dear)
Fax: 604-682-3520

3. CADS National
christian@cads.ski
&
amy@cads.ski
Tel: 1-514-224-8934
32 Ancolies, SADL, QC
J0R1B0



**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:**

Location of Accident **SKI AREA STATION DE SKI** _____ **NAME OF SKI AREA & Address** _____

Lieu de L'accident **OWNER OF PREMISES PROPRIÉTAIRE DES LIEUX** _____ **Legal owners of SKI AREA or event location** _____

OCCUPANT IN CONTROL OCCUPANT EN CHARGE **WHO IS THE PERSON IN CHARGE OF SANCTIONED PROGRAM OR EVENT** _____

CONTACT PERSON NOM DE LA PERSONNE À CONTACTER _____ **PROGRAM OR EVENT CONTACT PERSON'S NAME NAME/NOM**

_____ **ADDRESS OF PROGRAM ADDRESS/ADRESSE**

_____ **ADDRESS/ADRESSE**

(_____) _____ **CONTACT PERSONS PHONE NUMBER 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 / Accident ou Événement **ENTER DATE OF ACCIDENT OR OCCURANCE HERE** **ENTER TRAIL NAME HERE**
DATE _____ / _____ / _____ TIME _____ TRAIL _____
DD MM YEAR HEURE PISTE

SKI CLUB / CLUB DE SKI _____ **ENTER SANCTIONED CADS PROGRAM NAME HERE**

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

NAME OF THE EVENT? EXP: WEEKLY LESSON / RACE DAY

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

NAME OF **PERWSON** IN CHARGE THAT DAY
 PERSONS ADDRESS

ADDRESS/ADRESSE

ADDRESS/ADRESSE

PERSON'S IN CHARGE PHONE NUMBER

() _____
 TEL.

DATE INSURANCE COMPANY NOTIFIED _____
 PREMIER AVIS À LA COMPAGNIE D'ASSURANCE _____

DATE THAT THE REPORT WAS SENT _____
 BY WHOM/ AVISE PAR _____

BY WHOM

Injured Person / Personne Blessé

INJURED PERSONS NAME	AGE	GENDER
NAME/NOM	AGE	SEX/SEXE

INJURED PERSONS ADDRESS

ADDRESS/ADRESSE

INJURED PERSONS PHONE NUMBER

() _____
 TEL

STATUS: INJURED PERSON – WHAT ARE THEY? STUDENT? INSTRUCTOR? VOLUNTEER?
 COMPETITOR _____ OFFICIAL _____ SPECTATOR _____
 COMPÉTITEUR _____ OFFICIEL _____ SPECTATEUR _____

CADS SANCTION CLUB THEY BELONG TO? CADS **DIOVISION** THEY BELONG TO?

CLUB/AFFILIATION

DIVISION

Country

COUNTRY/PAYS

Nature of injury / Description de la Blessure

DESCRIBE THE INJURY

RIGHT CALF.

EXAMPLEL: MARY JANE RECEIVED 8 STICHES ALONG THE CENTER OF THE

OR

MARY JANE BLACKED OUT AND REGAINED CONSSOUSNESS AFTER 20 SECOUNDS AFTER HITTING HER HEAD ON THE HARD ICE ON THE SKI HILL

Description of Accident or **DESCRIBE THE ACCIDENT**
Accident or **EXAMPLE: MARY JANE WAS ATTEMPTING TO STOP HER STUDENT THAT WAS TETHERED TO**
IN A SITSKI AND LOST CONTROL AND FELL LANDING ON THE HARD ICE ON THE SKI HILL.

Description de
L'accident/événement:
AS SHE FELL AGAINST THE HILL HER HEAD BOUNCED OF THE HARD ICE AND RESULTED IN HER
LOOSING CONSCIOUSNESS FOR 20 SECONDS. AFTER SHE REGAINED CONSCIOUSNESS SKI PATROL WAS CALLED AND THEY
TRANSPORTED HER DOWN THE HILL TO THEIR OFFICE WHERE THEY EXAMINED HER. SHE WAS NOT TRANSPORTED OR SENT
TO HOSPITAL.

Weather condition at
time of accident: **IT WAS A COLD DAY WITH HIGH WINDS. THE TRAILS WERE ICY IN SPOTS AND HARD.**
Météorologiques au
moment de l'accident:

Probable cause of
Accident: **PROBALE CAUSE WAS ICY SKI HILL TERRAIN**
l'accident ou de
l'événement:

First Aid Given: **HOW WERE THEY LOOKED AT? EXAMPLE: WAS EXAMINED BY SKI PARTOL**
NATURE OF TREATMENT/NATURE OF TRAITEMENT
WERE THEY GIVEN ANY MEDICATION?
MEDICATION GIVEN/MÉDICAMENTS DONNÉS
WHO GAVE THE MEDICATION?
BY WHOM/ADMINISTRÉ PAR
WHAT HOSPITAL DID THEY GO TO?

HOSPITAL:
HOPITAL: **NAME OF HOSPITAL/NOM DE L'HOPITAL**
HOW WERE THEY TRANSPORTED? AMBULANCE? VOLUNTEER? FAMILY?
METHOD OF TRANSPORTATION/MÉTHODE DE TRANSPORT
WHO WAS THE DOCTOR WHO TREATED THEM?

Doctor in attendance/Médecin traitant: **WHO WAS THE WITNESS DURING THIS ACCIDENT?**

Witness:
Temoin: **NAME/NON**
WITNESSES ADDRESS
ADDRESS/ADRESSE
WITNESSES PHONE NUMBER
()
TEL.

2ND WITNESS – ON HILL OR SKI PATROL

2nd Witness:
Temoin:

NAME/NON

THEIR ADDRESS

ADDRESS/ADRESSE

THEIR PHONE NUMBER

()
TEL.

Report of the TD:
Rapport de DT:

NAME OF PERSON IN CHARGE

NAME/NON

ADDRESS

ADDRESS/ADRESSE

() THIER PHONE NUMBER
TEL.

THEIR REPORT ON THE **INCIDENT**: WHAT HAD HAPPENED AND HOW THEY FOLLOWED IT.

Property Damage:
Dommages Matériels

OWNER OF THE PROPERTY

OWNER/PROPRIÉTAIRE

ADDRESS OF PROERTY OWNER OR SKI HILL

ADDRESS/ADRESSE

DESCRIBE IF THERE WAS ANY DAMAGE CAUSED TO PROPERTY

DESRPTION OF PROPERTY/DESRPTION DES BIENS

ESTIMATE THE COST OF THE REPAIR

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

ENTER INJURED PERSON'S PERSONAL INSURANCE INFORMATION

Other Insurance:
HOPITAL:

INSURER/ASSURER

POLICY NUMBER

TYPE OF POLICY

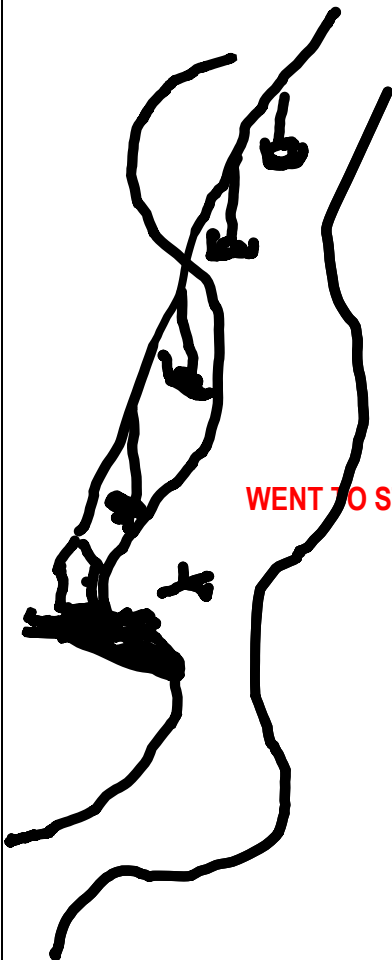
POLICY NO.

TYPE OF POLICY

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

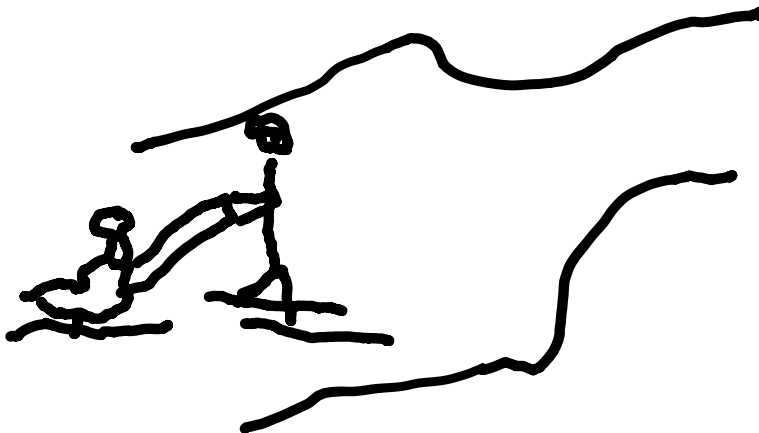
FULL COURSE/
 PISTE COMPLÈTE

SHOW WHERE ACCIDENT
 HAPPENED / INDIQUEZ À
 QUEL ENDROIT A EU LIEU
 L'ACCIDENT



SHOW HOW ACCIDENT HAPPENED/ INDIQUEZ DE
 QUELLE FAÇON L'ACCIDENT EST-IL SURVENU

INDIQUEZ OÙ SE TROUVENT LES PORTES



WENT TO STOP AT LIFT AND HIT ICE WHICH MADE INSTRUCTOR FALL

PROFILE / PROFIL

STEEP/ABRUPT

MEDIUM/MOYEN

FLAT/PLAT

flat