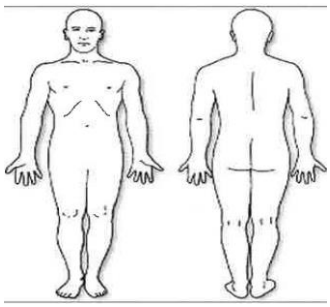
Incident Report Form
Please complete all details below

Section 1: Incident and Injured Person Details	**Section 3: Witness details**
Club Name:	Any witnesses? Yes ☐ No ☐
Club address:	Name of Witness:
Date of accident: / /	Witness contact details: Mob: Email:
Time of accident: AM/PM	Address of Witness:
Name of Injured Person:	**Section 4: Environmental Conditions**
Injured Person Contact details Mob: Email	Weather: Fine ☐ Overcast ☐ Raining ☐
Was injured person a: Volunteer ☐ Club Employee ☐ Patron ☐ Other ☐	Was the area at which the accident happened in good condition? Yes ☐ No ☐ If no, what was the situation?
Section 2: Incident Details	Was the injured person allowed to be in the area? Yes ☐ No ☐ If no, what was the situation?
Describe where the incident happened:	
Describe how the incident happened:	**Section 5: Machinery and Equipment**
Was medical or first aid treatment applied? Yes ☐ No ☐ Name of person who attended: Was an ambulance called? Yes ☐ No ☐	Was there any machinery or equipment being used at the time? Yes ☐ No ☐ If yes, please provide details.
What Injuries were sustained? (Describe and highlight below). Description: 	**Section 6: Property Damage.**
	Was there any property damage? Yes ☐ No ☐ If yes, please provide details.

Signed:_____ Name:_____ Position:_____ Date:___/___/____