**Incident report form**

## When to use this form

***Incident:*** An unplanned event which causes or could have caused injury and/or damage to an individual, property and/or equipment.

Use this from to report any accident, injury, incident, hazard, damages, theft or robbery that occurred during the course of an event or activity. For urgent accident investigation, contact your university.

This form has 2 parts

1. The section below must be completed for every incident
2. The reverse side, only complete the section relevant to the type of incident (e.g. for car accidents complete Section 2. Damage)

Please complete this form and return it to your committee who will then follow up as appropriate.

The club collects personal information to assist in the delivery of event. Personal information will not be disclosed to third parties without your consent unless required by law.

|  |
| --- |
| **Details of Person Involved:** |
|  |
| First name: |       | Last name: |       | Date of birth: |       |  |
|  |
| Student ID: |       | University:  |       | [ ]  Male | [ ]  Female |  |
|  |
| Functional area/ sport: |       |  |  |
|  |
| Event Role: (specify) [ ]  Volunteer [ ]  Athlete [ ]  Official [ ]  Staff [ ]  Other  |       |  |
|  |
| Contact telephone number: |       | Signature of person involved |       |  |
|  |
| **Type of Incident:** |
|  |
|  | [ ]  Injury (complete section 1) | [ ]  Damage to vehicle/equipment (complete section 2) |
|  |
|  | [ ]  Hazard/risk (complete section 3) | [ ]  Theft/robbery (complete section 4) |
|  |
| Date of incident: |       |  | Time of incident: |       | am / pm (circle) |
|  |
| Location of incident: (venue name if applicable) |       |  |
|  |
| Further notes:  |       |  |
|  |
|  |       |  |
|  |

***COMPLETE REVERSE SIDE OF FORM***

|  |
| --- |
| **SECTION 1. INJURY** |
| Nature of injury or illness i.e.: fracture, sprain, burns:  |       |  |
|  |
| Part of body affected: |       | Side of body: | [ ]  Left  | [ ]  Right |
|  |
| Mechanism of injury: | [ ]  Falls/trips/slips | [ ]  Object hitting body | [ ]  Dehydration | [ ]  Other |  |  |
|  |
| Medical treatment given: | [ ]  Nil  | [ ]  First aid | [ ]  Doctor/Nurse | [ ]  Ambulance called: |
|  |
| **SECTION 2. DAMAGE** |
| **VEHICLE INVOLVED** | **DRIVER DETAILS** |
|  |  |
| Registration No: |       |  | Driver’s name: |       |  |
|  |  |
| Make/model: |       |  | Licence No: |       | Class: |       | Expiry: |       |  |
|  |  |
| **ACCDIENT DETAILS** |
|  |
| Details of accident: |       |  |
|  |
| Who caused the accident: |       |  |
|  |
| Damage to event vehicle: |  |  |
|  |
| Was it necessary to report accident to police: | [ ]  Yes (which station did you report to): |       |  |
|  |
|  | [ ]  No (list why): |       |  |
|  |
| **OTHER VEHICLE DETAILS** | **OTHER DRIVERS DETAILS** |
|  |  |
| Registration No: |       |  | Driver’s name: |       |  |
|  |  |
| Make/model: |       |  | Driver’s address: |       |  |
|  |  |
| Damage details: |       |  | Driver’s phone no: |       |  |
|  |  |
| **EQUIPMENT DAMAGE** |
|  |
| Item(s): |  |  |
|  |
| Description of damage: |       |  |
|  |
| Action taken as a result: |       |  |
|  |
| **SECTION 3. HAZARD/ RISK** |
| Risk Location: | [ ]  Venue | [ ]  Playing Field | [ ]  Other (specify): |       |  |
|  |
| Risk Details: |  |  |
|  |
| Action taken to correct risk/hazard: |  |  |
|  |
| **SECTION 4. THEFT/ ROBBERY – SUSPECT DESCRIPTION:** |
|  |
| Hair colour: |       | [ ]  Male | [ ]  Female |
|  |
| Height: |       | Race: |       |  |
|  |
| Build: |       | Distinguishing features: |       |  |
|  |
| Description of incident: |       |  |
|  |
| **EVENT/ACTIVITY USE ONLY:** |
| Received by (full name): |       | Signature: |       | Date: |       |  |
|  |
| Submitted by (full name): |       | Signature: |       | Date: |       |  |