

Incident Report Form

EVENT:

DATE:

LOCATION:

Participant Details (Injured Party)

Name	
Membership Number/One Day Membership	
Date of Birth	
Age	
Address	
Telephone Number	
Details of accident (What happened in injured party's own words):	

Incident

Location of incident on
course

Time

Photographs of area?

Name(s) of individual(s)
involved in incident

Ground conditions? Dry, wet,
rough etc?

Details of First Aid

Details of Injury	
Details of treatment given	
Referred to	<p>(Please ring)</p> <ol style="list-style-type: none"> 1. Parent/guardian 2. Doctor 3. Hospital 4. Other (please specify)
Details of where referred to: e.g, hospital, home continued race.	
Name and address of First-aider	
Telephone Number:	

Witnesses 1

Name	
Position (Official, Participant, Member of Public):	
Date of Birth	
Age	
Address	
Telephone Number	
Details of accident (What happened in witness own words):	

Witnesses 2

Name	
Position (Official, Participant, Member of Public):	
Date of Birth	
Age	
Address	
Telephone Number	
Details of accident (What happened in witness own words):	

Witnesses 3

Name	
Position (Official, Participant, Member of Public):	
Date of Birth	
Age	
Address	
Telephone Number	
Details of accident (What happened in witness own words):	

Details of Person Completing Form

Name:	
Address:	
Telephone Number:	
Signed:	All of the above facts are a true and accurate record of the incident.
Date:	
Time:	