|  |
| --- |
| Date of Report: |
| **PERSON INVOLVED** |
| Full Name: |  |
| Address: |  |
| Phone Number: |  | Email: |  |
| **THE INCIDENT** |
| Date of Incident: |  | Time of Incident: |  | AM |  | PM |  |
| Location: |
| Describe the Incident: |
| INJURIES |
| Was Anyone Injured? | Yes |  | No |  |  |
| If yes describe the Injuries: |
| Witnesses |
| Where there witnesses to the incident | Yes |  | No |  |  |
| Contact details for witnesses: |
| Name | Phone | Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Medical Services |
| Was Medical Treatment Provided? | Yes |  | No |  | Refused |
| If Yes describe treatment provided: |
| Was Ambulance Service Called? | Yes |  | No |  |  |
| Was Club AED Used? | Yes |  | No |  |  |
| Was injured person taken to hospital? | Yes |  | No |  |  |
| Police Services |
| Were the Police Notified? | Yes |  | No |  |  |
| If yes case number: |  |
| Attending Officers: |  |  |
| Person Submitting the Report |
| Signature: |  | Date: |
| Print Name: |  |
| Office Use Only |
| Report received by: |  | Date: |  |
| Follow-up action taken: |  |
|  |