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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | |
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|  | | |  | | | | |  | | | | | | | | | |
| 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: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |