



Incident Report Form

Use this form to report accidents, injuries, medical situations, criminal activities, or traffic incidents. If possible, a report should be completed within 24 hours of the event.

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		

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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:			