



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		Date:	
Follow-up action taken:			