



Injury Incident Report Form

PO Box 168
Dunsborough WA 6281

The incident resulted in: Injury to an individual Damage to property/environment A near miss

Personal details (of injured):

Surname: _____ First name: _____ Initial _____

Address: _____

Postcode: _____

Email: _____

Phone: _____

Male

Female

Date of birth:

DD / MM / YY

A: Club member:

Volunteer:

Visiting club member:

General Public:

Incident details:

Date incident occurred: _____

Time incident occurred: _____

Where did the incident occur? (Please specify)

What was the nature of, and injury resulting from, this incident?
(Please explain in your own words what had happened)

Was first aid or further treatment required? Yes No

Were there any witnesses? Yes No

Did the injured person require hospital or ambulance? Yes No

Name of witness/es: _____

Signature of person completing report: _____

Name of person completing report: _____

Date: DD / MM / YY

A copy of this report is be kept registered and kept on file

Does this incident require further investigation? Yes No