

# INCIDENT REPORT FORM



Risk Management Service

This form should be used for notification of all instances involving personal injury to, or property damage of, third parties occurring on denominational property or during denominationally sponsored activities. This is *not a claim form* and should *not* be completed by a potential claimant.

## Organisation Details

Institution/Church/School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Injured Person

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

## Details of Injury or Property Damage

Apparent injury or property damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the injury of a serious nature? **Yes / No** if yes, give details

\_\_\_\_\_

\_\_\_\_\_

## Treatment Given (if any)

First aid given by \_\_\_\_\_

Address \_\_\_\_\_

Treated by doctor (name) \_\_\_\_\_

Address \_\_\_\_\_

Medical diagnosis by doctor (if known) \_\_\_\_\_

Ambulance involved? **Yes / No** depot \_\_\_\_\_

Hospital treatment? Outpatient/admitted \_\_\_\_\_

Name of hospital \_\_\_\_\_

## When, Where, How

Date of incident \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ time \_\_\_\_\_ am/pm

Exact location \_\_\_\_\_

Full description of incident including type of activity & names of all

Persons directly involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(attach separate statement if space insufficient)*

Was a registered motor vehicle involved? **Yes / No**

If yes, give details \_\_\_\_\_

Were police involved? **Yes / No**

If yes, give name of office & station \_\_\_\_\_

## Witnesses - obtain & forward Written Statements

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## Claim Potential

Has any claim been made? **Yes / No**

If answer "no", do you anticipate a claim will be made \_\_\_\_\_

If claim has been made, was it **verbal / in writing**? \_\_\_\_\_

If **"verbal"**, please give full details \_\_\_\_\_

\_\_\_\_\_  
If **"in writing"** please take a copy for your records and attach the original document to this report.

## Organiser or Controller of activity

Name \_\_\_\_\_ Title \_\_\_\_\_  
Surname Christian Name

Address \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Official Title \_\_\_\_\_

Signed \_\_\_\_\_ (Principal/Manager)

### **NOTE: DO NOT ADMIT LIABILITY!**

#### **To do so may prejudice your liability protection.**

- Mail this report promptly to: Risk Management Service  
Locked Bag 2014  
WAHROONGA NSW 2076
- Ensure your supervisor has been informed and has signed this form prior to mailing
- If the incident is serious, immediately phone (02) 9847 3372 or Fax (02) 9489 7428
- Supply originals of all correspondence, accounts, and other documents relating to the incident.
- Keep copies for your own records.
- Please keep the Risk Management Service promptly advised of any further developments.
- This form is not to be used for workers' compensation claims.