

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.