**Report to be completed by person involved or Management Committee Member if person is incapacitated.**

##### Section 1: Person’s details (Who was involved?)

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **First name** |  |
| **Address** |  | **Contact Number** |  |
| **Were other people involved?** | Please Tick ❑ YES ❑ NO | **List name/s** | 1. 2.3.  |
| **Address/es** | 1.2.3. | **Contact Number/s** | 1.2.3. |
| **Do they need follow up support?** | Please Tick ❑ YES ❑ NO | **Next of Kin name &****contact** |  |

**Near miss (a dangerous incident without injury to person or damage to property). Go to Section 2 Accident (an incident resulting in injury to a person or damage to property). Complete Sections 2,3 & 4**

##### Section 2: Incident details (when, where & what happened?) Attach an extra page if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Club Name** |  | **Activity (competition, training, event, other)** |  |
| **Club Address** |  | **Code/Discipline** |  |
| **When did this incident happen?** | Date: / / Time: am/pm | **Reported to?**  | Name:Date: / /  |
| **Describe the Incident**  **(What happened?)** |  |
| **Where did it happen? (on a lawn, during game, before or after a game, at Clubhouse? Provide details)** |
|  |
| **Describe how it happened** |
|  |
| **Why do you think it happened? Was it preventable?**  **(what, if any, controls can be implemented to help ensure the incident doesn’t happen again?)** |
|  |

**Section 3: Witnesses**

|  |  |
| --- | --- |
| **Were there any witnesses to the injury?** | Please Tick ❑ YES ❑ NO |
| ***If yes, please list the witnesses’ full name/s as well as a contact number for each.*** |
|  |

##### Section 4: Injury and Medical

|  |
| --- |
| **Describe the injury** |
|  **Describe and mark on diagram bodily location of injury OR list any damage to property**  |

|  |  |
| --- | --- |
| **Was any first aid provided?** | Please Tick ❑ YES ❑ NO |
| ***If yes, please provide details.*** |
|  |
| **Did the injured person require an Ambulance?** | Please Tick ❑ YES ❑ NO |
| **Was the injured person transported to Hospital?** | Please Tick ❑ YES ❑ NO |

**Section 5: To be completed by the Investigating Officer**

|  |  |
| --- | --- |
| **Has an investigation been conducted into the incident and by who?** | Please Tick ❑ YES ❑ NO |
| **Name of the person who conducted the investigation.** |  |  |
| **Have the controls been implemented?** | Please Tick ❑ YES ❑ NO |  **Date / /** |
| **Should this report be referred to the ACA CEO and/or Board?** | Please Tick ❑ YES ❑ NO |  |
| **Signature & Date** |  |  **Date / /** |

Email completed form to admin@croquet-australia.com.au or contact the ACA Administrative Officer on 0457 678 380.

 If the matter is an emergency call triple zero.