



# Incident/Injury Report Form

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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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

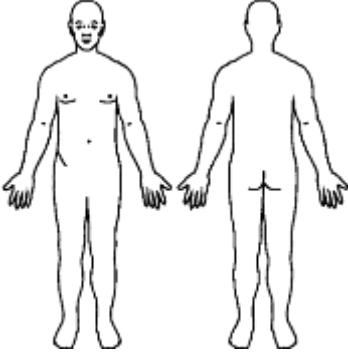
## Section 2: Incident details (when, where & what happened?) Attach an extra page if necessary.

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

<b>Were there any witnesses to the injury?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please list the witnesses' full name/s as well as a contact number for each.</i>			

### Section 4: Injury and Medical

<b>Describe the injury</b>	
	Describe and mark on diagram bodily location of injury OR list any damage to property

<b>Was any first aid provided?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide details.</i>			
<b>Did the injured person require an Ambulance?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Was the injured person transported to Hospital?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

<b>Has an investigation been conducted into the incident and by who?</b>	Please Tick		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Name of the person who conducted the investigation.</b>				
<b>Have the controls been implemented?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date / /
<b>Should this report be referred to the ACA CEO and/or Board?</b>	Please Tick	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Signature &amp; Date</b>	Date / /			

Email completed form to [admin@croquet-australia.com.au](mailto:admin@croquet-australia.com.au) or contact the ACA Administrative Officer on 0457 678 380. If the matter is an emergency call triple zero.