INCIDENT REPORT FORM

AUSTRALIAN SLEDDOG SPORTS ASSOCIATION INC

Incident Details

Date of incident ______________________ Time of incident ______________________

Venue/ Location ______________________

Club/ RGO ______________________

Incident Category ☐ Injury* ☐ Other: ______________________

Incident Details *(please be as specific as possible, including all relevant information in relation to contributing factors):* ______________________

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Do you have photographs of the incident? ☐ YES ☐ NO

Do you have video of the incident? ☐ YES ☐ NO

Witness Details

Witness name ______________________ Daytime phone ______________________

Witness name ______________________ Daytime phone ______________________

Witness name ______________________ Daytime phone ______________________

Acknowledgement (Race Marshall or Club Official)

Person completing form ______________________ Position ______________________

Signature ______________________ Phone ______________________

*** Important: Please complete the reverse side for injuries.**

Instructions:

1) Fill out all the information you can provide.
2) Contact one of the ASSA executives in person or by phone as soon as practicable after the incident to facilitate contact with the insurance provider.
   President: Zahra Goldsmith - 0431 064 955 **Vice President**: Jamelia Bramwell - 0499 552 597
   Secretary: Lilyana McPhee - 0484 749 090 **Treasurer**: Gheetha Toquero - 0400 400 795
3) Email this to ASSA within 1 day of the incident, commitee.assa@gmail.com
   Provide any supporting information available (i.e. medical report, police report)
4) Retain original copy of incident report.

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Personal Details (of injured person)

First Name ______________________ Surname ______________________

Gender ☐ Male ☐ Female ☐ Prefer not to say Date of Birth ______________

Postal Address ______________________ Phone ______________

City ______________ State ______________ Postcode ________

Member Status ☐ ASSA Member ☐ Event Day Member Member Number ______________

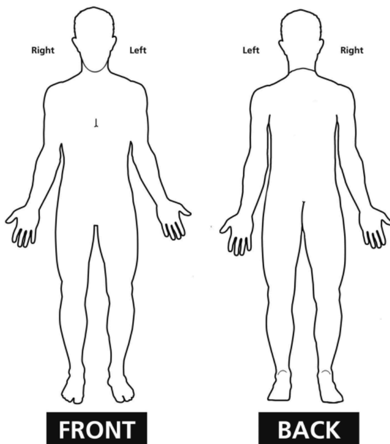
Involvement ☐ Athlete ☐ Official ☐ Public/ Spectator ☐ Contractor ☐ Other ________

Injury Details

Nature of Injury ______________________

Cause of Injury ______________________

Body area *(please circle)*



Manner of injured person: ☐ Reasonable ☐ Distressed ☐ Aggressive

Treatment

Was first aid supplied on site? ☐ YES ☐ NO Treatment supplied by: ☐ Event medical staff ☐ Other

Location of initial treatment ______________________

Name of treatment provider ______________________

Referred to hospital? ☐ YES ☐ NO Is ASSA follow up needed? ☐ YES ☐ NO

ASSA Admin Use Only: Date Received ________ Initial ________ Insurance claim? ☐ YES ☐ NO