INCIDENT REPORT FORM

Special Olympics Australia

DETAILS OF PERSON AFFECTED / INJURED	
Name:	
Address line 1:	
Address line 2:	
Post Code:	State:
Date of birth:	Phone number:
Email address:	
Occupation:	
DETAILS OF PERSON MAKING REPORT	
Name:	
Phone number:	Email:
INCIDENT DETAILS	
Activity engaged in at time of incident:	
Type of incident: ☐ Injury ☐ Illness ☐ Damage to property ☐ Other:	
Date of incident:	Time of incident:
Location of incident:	
Outcome of incident: ☐ NIL injury / damage ☐ First aid administered ☐ Onsite medical treatment ☐ Hospital inpatient ☐ Police attended	☐ Property damage By who: ☐ Treatment by doctor ☐ Ambulance attended
Events leading up to incident (please include all actions, treatment and communication that took place):	
Possible cause events / triggers:	

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Related existing condition:		
Equipment damaged:	☐ Yes	☐ No
If yes, describe extent of equipment damage:		
Other people involved in incident:		
Witness/es of incident:		
Sequences of event following incident (details actions in chronological order up to the date of completion of report):		
Additional follow up / actions / corrective measures:		
The above report is accurate and corrective measures have been undertaken as necessary		
Head Coach / Witness:	☐ Agree ☐ Disagree	
Comments / further details:		
Team Doctor / Nurse:	☐ Agree ☐ Disagree	
Comments / further details:		
Assistant / Head of Delegation:	☐ Agree ☐ Disagree	
Comments / further details:		
HOD / AHOD Signature:		Date: