

INCIDENT/ACCIDENT REPORT FORM

PARTICULARS OF ACCIDENT / INCIDENT (please circle which)

Date:	Time:	Location:
Weather Conditions <input type="checkbox"/> Fine <input type="checkbox"/> Rain <input type="checkbox"/> Wind <input type="checkbox"/> Calm <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Ice <input type="checkbox"/> Stormy <input type="checkbox"/> Sun strike <input type="checkbox"/> N/A as inside		Working Conditions <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Dust <input type="checkbox"/> Damp <input type="checkbox"/> Dark <input type="checkbox"/> Dim <input type="checkbox"/> Light <input type="checkbox"/> Bright <input type="checkbox"/> Slippery <input type="checkbox"/> Cluttered <input type="checkbox"/> Confined <input type="checkbox"/> Ice <input type="checkbox"/> Cold <input type="checkbox"/> Hot

DETAILS OF PERSON(S) INVOLVED

Name	Age	Phone Number	Race Number
Address			

DETAILS OF PERSON(S) INVOLVED

Name	Age	Phone Number	Race Number
Address			

THE ACCIDENT/INCIDENT

Description of Accident/Incident:

What Action did you take? (what consequences were enacted/was medical attention administered)

What action did any others take?

If a car was involved record the following:

Make	Registration Number:	Number of passengers:	
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TREATMENT

Was medical assistance called for? Y / N	Name of First Aider:
Type of treatment given: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Taken to Hospital	
If an athlete did they continue <input type="checkbox"/> Yes <input type="checkbox"/> No	

WITNESSES - if present record names and details
