

INCIDENT/ACCIDENT REPORT

Event: _____ Venue: _____

Name: _____ Tel: _____

Position: _____

Incident/accident category (mark as appropriate)

- | | | |
|--------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> General trespass | <input type="checkbox"/> First aid | <input type="checkbox"/> Vehicle related incident |
| <input type="checkbox"/> Noise complaint | <input type="checkbox"/> Emergency services required | <input type="checkbox"/> Suspicious article |
| <input type="checkbox"/> Crowd incident | <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> RSA breach |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Slip/trip/fall incident | <input type="checkbox"/> Intoxication |
| <input type="checkbox"/> Damage to grounds | <input type="checkbox"/> Lost person | <input type="checkbox"/> Unauthorised activities |
| <input type="checkbox"/> Lost property | <input type="checkbox"/> Other (specify) | |

Incident/accident details

Date: _____ Time: _____

Location: _____

Details of incident/accident: _____

Did you inspect the area? Yes No

What was evident? _____

Details of damage/other

Were police called? Yes No Did they attend? Yes No

Name of police officer: _____

Contact station _____ Tel: _____

Reported to staff? Yes No

Name: _____ Date: _____ Time: _____

Additional information: _____

What actions did you take? _____

Contact details of person involved

Name: _____ Tel: _____

Residential address: _____

_____ Post code: _____

Details of injuries & treatment

First aid officer requested? Yes No

Name of officer: _____ Tel: _____

Ambulance requested? Yes No

Did the person go to hospital? Yes No Name of hospital: _____

Does the injury require any follow up treatment? If yes, give details: _____
