

Incident Report Form

Please submit all Incident Reports to the District Insurance Officer

Policy Number (if known):

Rotary Club Of:

Contact Name:

Rotary Position:

Address:

State:

Postcode:

Contact's Phone No:

Email:

Injured party:

Name:

Gender:

Male:

Female:

Address:

State:

Postcode:

Home No:

Work No:

Mobile No:

Email:

Date of Birth:

Occupation:

Relationship with the Rotary Organisation:

Details of Incident

Date of Incident

Time:

Date Reported to you:

Time:

Reported by:

Exactly where did the incident occur:

What did the injured party report happened:

What was the cause of the incident:

Item description:

Type of damage/loss:

Estimated costs:

Personal Injury Details (as reported by the injured party)

Part of body injured: (select appropriate box(es) – L/R = Left or Right)

Head / Neck	<input type="checkbox"/>		Arms / Wrists	<input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Eyes & Features	<input type="checkbox"/>		Hands / Fingers	<input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Back / Trunk	<input type="checkbox"/>		Leg / Ankle	<input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>
Feet / Toes	<input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	Other	<hr/>	

Possible Nature of Injury: (select appropriate box(es))

Fracture	<input type="checkbox"/>	Break	<input type="checkbox"/>	Sprain	<input type="checkbox"/>
Burns / Scalds	<input type="checkbox"/>	Muscle / Ligament	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Superficial	<input type="checkbox"/>	Laceration	<input type="checkbox"/>

Other (give details)

Witness Details

Full name of witness to incident:

(Surname) *(Given Names)*

Address of witness:

State:

Postcode:

Contact Phone No:

Email:

Relationship to injured party:

Witness comments (exact):

Actions taken to prevent recurrence:

Report completed by:

(Block Letters)

I confirm the incident areas have been inspected by me. Photograph available

Y / N

Signature:

Date:

Additional comments:
