

INCIDENT REPORT FORM

Please submit all Incident Reports to the District Insurance Officer

Policy Number: _____
Rotary Club of: _____
Contact name: _____
Your reference: _____
Address: _____
State: _____ Postcode: _____
Insured 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:

Property damage/loss:

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			Arms / Wrists	L	R
Eyes & Features			Hands / Fingers	L	R
Back / Trunk			Leg / Ankle	L	R
Feet / Toes	L	R	Other	_____	

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

Fracture	Break	Sprain
Burns/Scalds	Muscle/Ligament	Dislocation
Concussion	Superficial	Laceration
Other (give details) _____		

Witness Details

Full name of witness to incident: _____
(Surname) (Given Names)

Address of witness: _____

State: _____ Postcode: _____

Mobile No: _____ Work No: _____

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:
