



Brisbane District Veteran Golfers' Association Inc.

INCIDENT REPORT FORM

PART 1: INCIDENT DETAILS			
Date of Incident:		Time of Incident:	
Date Reported:		Time Reported:	
Incident Report Completed By:		Incident Reported To:	
Location of Incident:			
Time Incident Location Inspected:		Inspected By:	
PART 2: INJURED PERSON DETAILS & PART OF BODY AFFECTED			
Name:		Date of Birth:	
Address:			
Email:		Tel: H [] M [] Bus []	
Head/Neck		Hip	Hands/Fingers
Eyes or Face		Shoulder	Legs/Knees
Back or Body		Arms/Wrists	Feet/Toes
Details of other person/s involved/responsible (if applicable):			
PART 3: INDEPENDENT WITNESS DETAILS			
Name:		Relationship to Injured Person:	
Address:			
Email:		Tel: H [] M [] Bus []	
PART 4: NATURE OF INJURY			
Multiple		Minor Bruise	Concussion - unconscious
Fracture		Major Bruise	Concussion - conscious
Sprain		Burns/Scalds	Cut/Laceration – no stitches
Dislocation		Superficial	Cut/Laceration - stitches
PART 5: CAUSE OF INJURY			
Falling object		Slip or Fall	Snake bite
Hit by other players golf ball		Hit by own golf ball	
Hit tree root		Other:	
PART 6: PROPERTY DAMAGE			
Damaged Item/Location:			
Details of damage:			
Reported by:		Photos available from:	
PART 7: DESCRIPTION OF INCIDENT/1st AID DETAILS (attach additional pages if required)			