AUSCYCLING

Incident Report Form

Incident Details	
Date of incident:	
Time of incident:	
Venue / Location:	
Club / Private Promotor:	
Incident category:	☐ Injury ☐ Complaint ☐ Inappropriate behaviour ☐ Other: Public property damage Event vehicle damage Contracted goods and services
Incident Details (be as specific as possible, including all relevant information in relation to contributing factors):	
Do you have photographs of the incident?	Yes No
Do you have video of the incident?	Yes No
Has property been Damaged or Stolen	
Property type:	
Property value:	

Witness Details	
Witness name:	Daytime Phone:
Witness name:	Daytime Phone:
Witness name:	Daytime Phone:

Acknowledgement *(Race Director or Club Official)*	
Person completing form:	Position:
Signed:	Phone:
Please email to AusCycling at membership@auscycling.org.au within 1 day of the incident and provide any supporting information you can (medical reports, police reports, etc.) if possible.	

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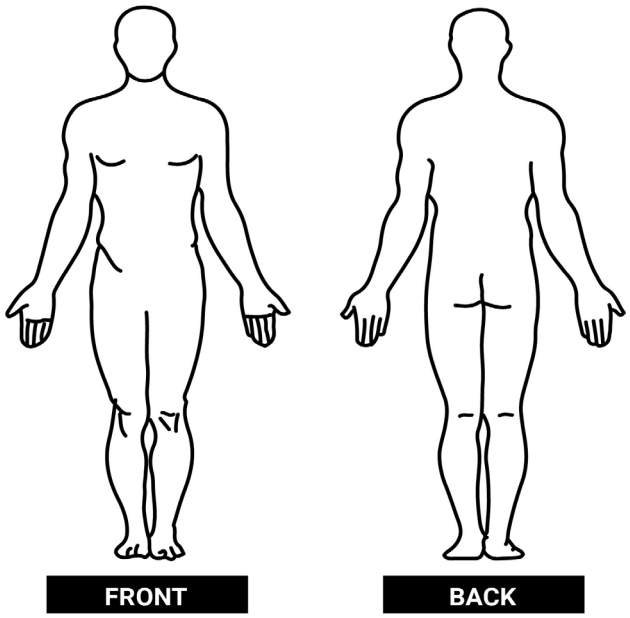
Personal Details *(of injured person / person reporting damage)*

First Name:	
Surname:	
Gender:	☐ Male ☐ Female ☐ Unspecified
Date of Birth:	/ /
Phone:	
Mobile:	
Postal Address:	
City:	
State:	
Postcode:	
Member Status:	AusCycling Member Race Day Licence
Member/Licence Number:	
Involvement:	Public / Spectator Athlete Volunteer Contractor Officials Event Staff Other:

Injury Details

Nature of Injury:	

Body area (please circle):



Cause of Injury:

Manner of injured person:	Reasonable Distressed ☐ Aggressive

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Treatment

Was First Aid supplied on site?	☐ Yes No
Location of initial treatment:	
Treatment supplied by:	Event Medical Staff Other:
Name of treatment provider:	
Treatment provider phone number:	
Referred to hospital?	Yes No
Ambulance required?	Yes No
AusCycling follow up required?	Yes No
Additional information:	

AusCycling Office Use Only

Date received:	
Initial:	
Insurance claim?	☐ Yes No