

Incident Report Form

Incident Details									
Date of incident:									
Time of incident:									
Venue / Location:									
Club / Private Promotor:									
Incident category:	<table border="0"> <tr> <td>Injury</td> <td>Public property damage</td> </tr> <tr> <td>Complaint</td> <td>Event vehicle damage</td> </tr> <tr> <td>Inappropriate behaviour</td> <td>Contracted goods and services</td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table>	Injury	Public property damage	Complaint	Event vehicle damage	Inappropriate behaviour	Contracted goods and services	Other:	
Injury	Public property damage								
Complaint	Event vehicle damage								
Inappropriate behaviour	Contracted goods and services								
Other:									
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.									

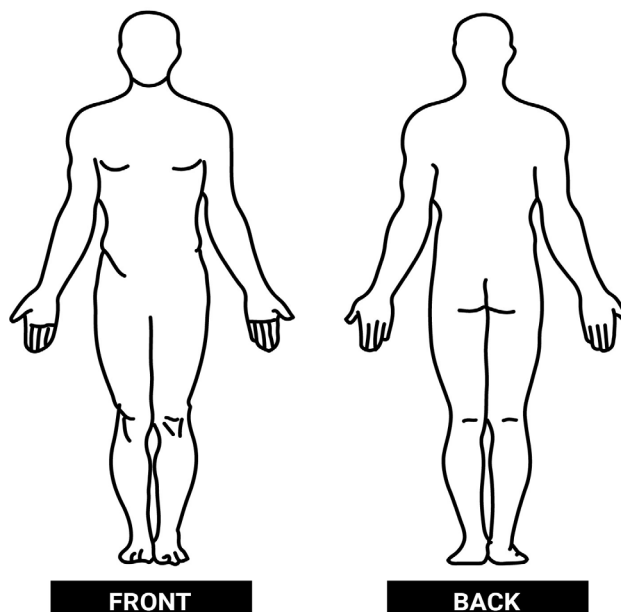
Personal Details *(of injured person / person reporting damage)*

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