

INCIDENT REPORT FORM

INSURED :
REPORTED – DATE : TIME :
INCIDENT - DATE : TIME :
LOCATION :
NAME OF PERSON REPORTING :
CONTACT NUMBER : REPORTED TO :
INCIDENT LOCATION INSPECTED ON : BY :

PART 1 – INJURED PERSON

NAME :
ADDRESS :
PHONE (1) : (2) : (3) :
DATE OF BIRTH : SEX : M F
DETAILS OF ANY AIDS / IMPAIRMENTS :
For example. Glasses, walking frame, carrying goods

PART 2 – WITNESS DETAILS

NAME :
ADDRESS :
PHONE (1) : (2) : (3) :
TYPE OF WITNESS :
RELATIONSHIP TO INJURED PARTY :
For example. Eye Witness, Circumstantial Witness (present for events prior to / following incident), or Additional
PLEASE PROVIDE DETAILS OF ANY OTHER PARTIES INVOLVED :
.....
.....

PART 3 – PERSONAL INJURY DETAILS

Multiple answers may be appropriate

PART OF BODY INJURED :

HEAD & NECK	<input type="checkbox"/>	HIP	<input type="checkbox"/>	HANDS & FINGERS	<input type="checkbox"/>
EYES & FACE	<input type="checkbox"/>	SHOULDER	<input type="checkbox"/>	KNEE	<input type="checkbox"/>
BACK & TRUNK	<input type="checkbox"/>	ARMS & WRISTS	<input type="checkbox"/>	FEET & TOES	<input type="checkbox"/>

NATURE OF INJURY :

FRACTURE	<input type="checkbox"/>	TISSUE DAMAGE	<input type="checkbox"/>	UNCONSCIOUSNESS	<input type="checkbox"/>
SPRAIN	<input type="checkbox"/>	BRUISING	<input type="checkbox"/>	BURN/SCALD	<input type="checkbox"/>
DISLOCATION	<input type="checkbox"/>	LACERATION	<input type="checkbox"/>	SUPERFICIAL	<input type="checkbox"/>
		CONCUSSION	<input type="checkbox"/>	OTHER	

IF OTHER, PLEASE SPECIFY :

.....

INJURED PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

.....
WITNESS / OTHER PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

.....
TREATMENT OF INJURED PARTY :

.....
NAME AND QUALIFICATION(S) OF PERSON PROVIDING TREATMENT :

.....
DESCRIBE THE EMOTIONAL STATE OF THE INJURED PARTY AT THE TIME :

For example. Reasonable, Upset, Aggressive

PART 4 – PROPERTY DAMAGE

ITEM(S) DAMAGED :

DETAILS :

REPORTED BY :

PHOTOS TAKEN BY :

PART 5 – INCIDENT DETAILS

DESCRIPTION OF LOCATION :

For example. Car Park, Bar, Toilet Area, Food Area, Stairs, Escalators

TYPE OF INCIDENT :

For example. Slip and fall due to food spillage creating slippery fall, Caught in an elevator, Stepping on protruding objects, Water damage, Falling objects

IF A THIRD PARTY / CONTRACTOR APPEARED AT FAULT, PLEASE PROVIDE DETAILED :

For example. Business Name, Individuals Name, Contact Details, Insurance Details

RECORD OF INCIDENT :

For example. Video / closed circuit, Photo, None

HOUSEKEEPING :

Please attach a written statement from the cleaner (where appropriate)

CLEANER ON DUTY : SUPERVISOR :

TIME LAST INSPECTED : LAST CLEANED :

Signed : Date :

Upon completion of this form, please forward a copy to Gow Gates via email;

equestrian@gowgates.com.au • gowgatesport.com.au/equestrian • 02 8767 9999 • 1800 811 371

For assistance in completing this report, please contact **Gow Gates Insurance Brokers**