

INCIDENT REPORT FORM

THIS FORM IS TO BE COMPLETED IN THE EVENT OF SOME INCIDENT OCCURRING WHICH MAY GIVE RISE TO A CLAIM SUCH AS SERIOUS INJURY, DEATH, DAMAGE TO THIRD PARTY PROPERTY OR LOSS OF POSSESSIONS.

DEFINITION OF SERIOUS INJURY – ANY INJURY REQUIRING MEDICAL ATTENTION

NAME OF INJURED PERSON OR PERSON SUFFERING LOSS:

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ADDRESS OF INJURED PERSON OR PERSON SUFFERING LOSS:

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Nature of Incident:

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Details of the Incident and Action Taken:

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Location:

Activity:

Leader:

Date:

Details of Witnesses including names and addresses:

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Signature of Leader:

Date: