



# INCIDENT REPORT FORM

## Personal details

Personal involved in Accident/Incident:

Contact Details:

Sporting Event:

Person making the report:

Date of report:

## Accident/incident details

Date:

Time:

Date reported:

Location:

Official in charge of player:

Incident reported to:

Witness 1:

Contact details:

Witness 2:

Contact details:

## Nature of Accident/Incident

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## Results of Accident/Incident

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## Action taken (disciplinary or first aid)

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## Any other relevant comments

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## Name of parent/carer contacted:

Date:

Time:

## Signatures:

Official:

Golf Central Highlands Secretary:

Actions completed:

Date:

Name:

A copy of this report must be forwarded to: Secretary Golf Central Highlands Inc, 31 Colleen Avenue, Emerald Qld 4720