



## Incident Report Form

### Incident Details

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Venue / Location: \_\_\_\_\_

Club / Private Promoter: \_\_\_\_\_

Incident category:

|  |  |
|--|--|
| <input type="checkbox"/> Injury*                       | <input type="checkbox"/> Public property damage  |
| <input type="checkbox"/> Complaint                     | <input type="checkbox"/> Event vehicle damage    |
| <input type="checkbox"/> Contracted goods and services | <input type="checkbox"/> Inappropriate behaviour |
| <input type="checkbox"/> Other: _____                  |  |

Incident Details (please 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: \_\_\_\_\_

Approximate 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](mailto: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 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Member Status: ☐ AusCycling Member Member number: \_\_\_\_\_  
☐ Race Day Licence Licence number: \_\_\_\_\_

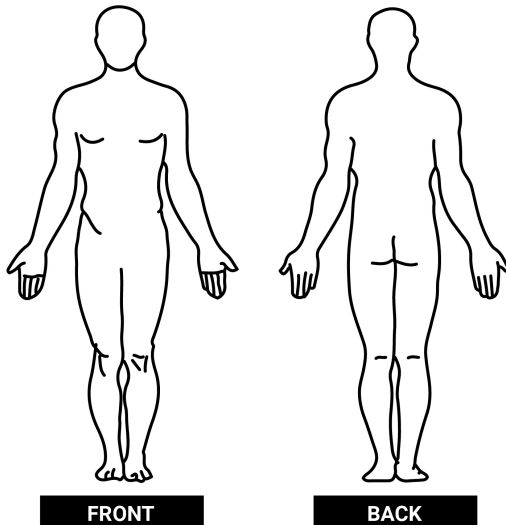
Involvement: ☐ Public / Spectator ☐ Athlete ☐ Volunteer  
☐ Contractor ☐ Officials ☐ Event Staff  
☐ Other: \_\_\_\_\_

## Injury Details

Nature of Injury: \_\_\_\_\_

Body area:

*(Please circle)*



Cause of injury:

\_\_\_\_\_  
\_\_\_\_\_

Manner of injured person: ☐ Reasonable ☐ Distressed ☐ Aggressive

## Treatment

Was first aid supplied on site? ☐ Yes ☐ No

Location of initial treatment: \_\_\_\_\_

Treatment supplied by: ☐ Event medical staff ☐ Other: \_\_\_\_\_

Name of treatment provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to hospital? ☐ Yes ☐ No Ambulance required? ☐ Yes ☐ No

Additional information: \_\_\_\_\_

Is AusCycling follow up needed? ☐ Yes ☐ No

## AusCycling Office Use Only

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Insurance claim? ☐ Yes ☐ No