



## 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 [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 Member Member number: \_\_\_\_\_

Involvement: ☐ Public / Spectator ☐ Rider ☐ Volunteer

☐ Contractor ☐ Officials ☐ Event Staff

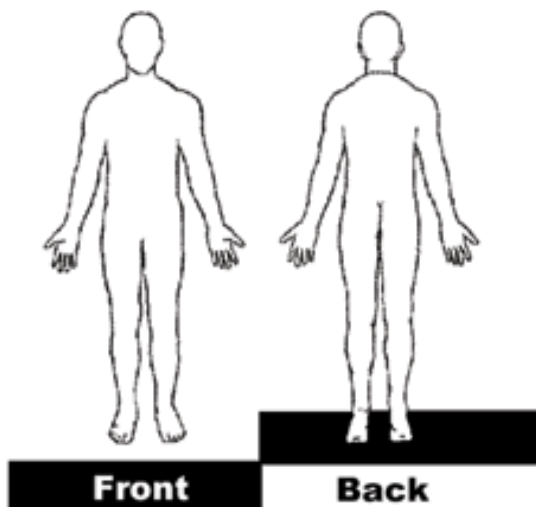
☐ Other: \_\_\_\_\_

## Injury Details

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

Body area:

(Please circle)



Cause of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manner of injured person: ☐ Reasonable ☐ Distressed ☐ Aggressive

Does the AusCycling Concussion Policy require implementation: ☐ Yes ☐ No

## 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