



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 [ ] HIP [ ] HANDS & FINGERS [ ]
EYES & FACE [ ] SHOULDER [ ] KNEE [ ]
BACK & TRUNK [ ] ARMS & WRISTS [ ] FEET & TOES [ ]

NATURE OF INJURY :

- FRACTURE [ ] TISSUE DAMAGE [ ] UNCONSCIOUSNESS [ ]
SPRAIN [ ] BRUISING [ ] BURN/SCALD [ ]
DISLOCATION [ ] LACERATION [ ] SUPERFICIAL [ ]
CONCUSSION [ ] 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*

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**PART 4 – PROPERTY DAMAGE**

ITEM(S) DAMAGED : .....

DETAILS : .....

REPORTED BY : .....

PHOTOS TAKEN BY : .....

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**PART 5 – INCIDENT DETAILS**

**DESCRIPTION OF LOCATION :**

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

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**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*

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

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

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**RECORD OF INCIDENT :**

*For example. Video / closed circuit, Photo, None*

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**HOUSEKEEPING :**

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

CLEANER ON DUTY : ..... SUPERVISOR : .....

TIME LAST INSPECTED : ..... LAST CLEANED : .....

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**Signed :** ..... **Date :** .....

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

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