Ignite Award

Incident Report Form

PLEASE COMPLETE THIS REPORT IMMEDIATELY UPON NOTIFICATION OF AN EVENT, OCCURANCE OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM FOR COMPENSATION FOR PERSONAL INJURY OR PROPERTY DAMAGE.

DO NOT ADMIT OR ACCEPT ANY LIABILITY.
PLEASE REFRAIN FROM PROVIDING ANY PERSONAL COMMENT AND STATE FACTS ONLY.

DETAILS OF PERSON REPORTING THE INCIDENT

Given Names _____ Surname _____

Role / Position _____

Address _____

Suburb _____ State _____ Postcode _____

Phone number _____

Email _____ Best time to contact _____

DETAILS OF AWARD AGENT

Award Agent Name _____

Postal Address _____

Phone number _____

Email _____ Web _____

DETAILS OF INJURED PARTY

Given Names _____ Surname _____ Sex Choose

Address _____

Suburb _____ State _____ Postcode _____

Date of Birth _____ Occupation _____

Phone Number _____ Email _____

DETAILS OF INCIDENT

Date of Incident _____ Time of Incident : AM

Description of Incident _____

Details of Injury /Property Damage _____

Location of Incident _____

Please provide a physical description of the person.		**Description of the clothing and footwear worn at the time of incident.**	
Was the person engaged in any activity that may have contributed to the incident? **i.e. - running, carrying a heavy load, drinking etc.** **If so, give details.**	Choose		
Was the person eyesight or hearing impaired? Choose	**Did the person have a pre-existing medical condition or disability?** **If so, give details.**	Choose	
If applicable, what were the weather conditions at the time of the incident?			

REPORTER DETAILS AND ACTIONS TAKEN

Date reported Time reported : Choos

Name of person informed of the incident.		**How was the person informed of the incident? (Phone, radio, letter, fax etc.)**		**Did you visit or attend the scene?** **If not, why?**	Choose
Did the injured person require assistance? **Was the assistance refused?**	Choose Choose	**Assistance offered and/or treatment given**	Choose		
Description of further action taken and/or follow-up treatment required.					
If applicable, provide details of any actions required to repair or replace defects?					

NAME OF PERSON REPORTING

SIGNATURE **DATED**

DETAILS OF WITNESS

Given Names _____ Surname _____

Phone number _____ Email _____

DETAILS OF AWARD UNIT INSURANCE

Insurance Broker Name _____ Phone number _____

Postal Address _____

DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS

Insurance Broker Name _____ Phone number _____

Postal Address _____

DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS INSURANCE

Insurance Broker Name _____ Phone number _____

Postal Address _____

IMPORTANT NOTES

If possible, please obtain and attach the following information with the incident report:

- Photographs of the incident site
- Photographs of the injuries sustained
- Statements from all witnesses
- All other investigation reports and diary records

This form and any enclosures must be provided to Awards WA by email info@awardswa.org.au immediately upon completion.