



**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 M F  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**DETAILS OF INCIDENT**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM / PM  
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.	
Was the person eyesight or hearing impaired?	
Did the person have a pre-existing medical condition or disability? If so, give details.	
If applicable, what were the weather conditions at the time of the incident?	

**REPORTER DETAILS AND ACTIONS TAKEN**

Date reported

Time reported

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?

Did the injured person require assistance?

Was the assistance refused?

Assistance offered and/ or treatment given?

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  
Phone number

Surname  
Email

**DETAILS OF AWARD AGENT INSURANCE**

Insurance Broker Name  
Postal Address

Phone number

**DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS**

Insurance Broker Name  
Postal Address

Phone number

**DETAILS OF ANY ACTIVITY OR SERVICE PROVIDERS INSURANCE**

Insurance Broker Name  
Postal Address

Phone number

**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@igniteaward.org.au](mailto:info@igniteaward.org.au) immediately upon completion.