

ANNEX 4 - A : Incident Report Form

Incident Report Form



TO BE COMPLETED BY THE RALLY/EVENT ORGANISER FOR **ALL** INCIDENTS CONCERNING INJURY TO PERSONS OR DAMAGE TO PROPERTY OCCURRING AT A RALLY/EVENT. THE FORM IS TO BE FORWARDED IMMEDIATELY TO **HEAD OF GOVERNANCE AT EGH.** (governance@camc.com)

Please complete this form to the best of your ability, providing as much information as possible. Use an extra sheet if necessary and use sketches where appropriate.			
Centre Name			
Organiser's name & address:			
Telephone number	Day		
	Night		
DETAILS OF INJURED PARTY SUFFERING LOSS			
Member/Non-member name:			
Address:			
Membership No (if applicable)			
Witness Name:			
Witness Address:			
Membership No (if applicable)			
Date of Incident		Time of Incident	
INJURY TO PERSONS			
IT IS EXTREMELY IMPORTANT THAT WHERE PERSONAL INJURY IS CONCERNED YOU PROVIDE AS MUCH INFORMATION AS POSSIBLE. PLEASE INCLUDE PHOTOGRAPHS OF THE LOCATION WHERE THE EVENT CAUSING INJURY OCCURRED (IF APPROPRIATE) TOGETHER WITH NAMES			

AND ADDRESSES OF ANY WITNESSES	
Was the injured person taken to hospital?	YES / NO
What injuries were apparent?	
What other injuries did the person complain of?	
How did the injured person describe the accident?	
Who, if anyone, did the injured person blame?	
DAMAGE TO PROPERTY	
Description of property	
Nature of Damage	
Did you inspect the damage at the time of the incident?	
PLEASE GIVE FULL PARTICULARS OF THE INCIDENT WHETHER INJURY TO PERSONS, LOSS OR DAMAGE TO PROPERTY	
Date of Completion	Signature