



# ACCIDENT / INCIDENT REPORT FORM

COMPLETE THIS FORM FOR ANY INCIDENT OR ACCIDENT

Email completed form to: [troy.mavroudis@aflnswact.com.au](mailto:troy.mavroudis@aflnswact.com.au)

Name:	Wk Phone: ( )	DOB:	GENDER: M F
Home Address:		Home Phone: ( )	
Type of Umpire:			

## INCIDENT DETAILS:

<b>Date occurred:</b>	<b>Time occurred:</b>	<b>am/pm</b>
<b>Date reported:</b>	<b>Time Reported:</b>	<b>am/pm</b>

**Person incident reported to:**

**Incident occurred:**  
**At workplace:** Training  At game   
**Journey:** During game  To game  From game

Describe the incident (what happened): If not enough room in this space continue report on back of form

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## INJURY DETAILS:

**Has the incident resulted in an injury:** YES  NO

**Body part affected:** .....

**Type of injury:** bruise  muscle  Ligament  Laceration  fracture  other

## MANAGEMENT SECTION:

**Do you think that there will be time lost as a result of this injury:** YES  NO

**How long?** 1-3 weeks  3-5 weeks  > 5 weeks

**If yes, date that the member ceased work due to this injury:** date:

**Has the member returned to work:** YES  NO  Back on full duties  when:  
 Suitable duties  from:

**Does the employee wish to claim Workers Compensation for this injury:** YES  NO

(If "yes" complete Worker's Injury Claim Form provided in member's kit)

Injury manager notified within 24 hours: YES  NO  Date notified .....

Member Signature ..... Date...../...../.....

Witness Signature ..... Date...../...../..... Witness Name .....