

SALE WALKING & ACTIVITY GROUP

INCIDENT REPORT FORM

**EVENT ORGANISER**

NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

**INJURED PARTY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DESCRIPTION OF INJURY \_\_\_\_\_

**INCIDENT**

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

CIRCUMSTANCES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES TO INCIDENT (NORMALLY 2 SUFFICIENT)**

NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

**BLAME** – HAS ANY ONE APPORTIONED BLAME FOR THE INCIDENT

IF YES WRITTEN STATEMENT REQUIRED