



Please submit all Incident Reports to the District Insurance Officer:

INCIDENT REPORT FORM

Insured Name: Rotary Club of _____

Contact name: _____

Your reference: _____

Address: _____

Insured Phone No.: _____ **Insured Email** _____

Policy Number: AT 0008958 PLB

Injured party:

Name: _____ Male/Female

Address: _____

Telephone: - Home: _____ Work: _____

Mob: _____ Email _____

Age (approx) or DOB : _____ Occupation: _____

Relationship with the Rotary organisation: _____

Details of Incident:

Date of incident: _____ Time: _____

Date reported to you: _____ Time: _____

Reported by: _____

Exactly where did the incident occur:

What did the injured party report happened:

What was the cause of the incident

Property damage/loss:

Item description:

Type of damage/loss:

Estimated costs: _____

Personal Injury Details (as reported by the injured party):

Part of body injured: (tick appropriate box and circle as appropriate)

Head / neck	<input type="checkbox"/>	Arms / Wrists	<input type="checkbox"/>	L	R
Eyes and features	<input type="checkbox"/>	Hands / Fingers	<input type="checkbox"/>	L	R
Back / Trunk	<input type="checkbox"/>	Leg / Ankle	<input type="checkbox"/>	L	R
Feet / Toes	<input type="checkbox"/>	Other:	_____		

Possible Nature of Injury:

Fracture	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>
Break	<input type="checkbox"/>	Concussion	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Superficial	<input type="checkbox"/>
Burns/Scalds	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
Muscle/Ligament	<input type="checkbox"/>	Other (give details)	<input type="checkbox"/>

Medical Treatment:

No medical treatment given	<input type="checkbox"/>	Ambulance	<input type="checkbox"/>
First aid refused	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
First aid	<input type="checkbox"/>		
Doctor	<input type="checkbox"/>	Name:	_____

Details of treatment provided:

Witness Details:

Full name of witness to incident:

_____ (surname) _____ (given names)

Address of witness:

Phone: (home) _____ (work): _____

Relationship to injured party: _____

Witness Comments (exact):

Actions taken to prevent recurrence:

Molestation / Abuse / Harassment Allegation

Attach RI Incident Report form as addendum

Report completed by (block letters) _____

I confirm the incident areas have been inspected by me. Photograph available: Y/N

Signature: _____ Date: _____

Comments
