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## INCIDENT REPORT FORM

To be used only by authorised personnel and returned to the MA Steward no later than immediately after the conclusion of the meeting.

IMPORTANT – PLEASE READ THE FOLLOWING:	
1.	This form is to be completed in every instance involving personal injury and/or damage to property and forwarded IMMEDIATELY to the SCB.
2.	Please do not reply to any communication from a Third Party but forward it to the SCB.
3.	When completing this form please provide FACTUAL INFORMATION ONLY. Please do not speculate or express personal opinion unless it is specifically requested.
4.	Do not admit liability, accept responsibility or promise / offer compensation under any circumstances.
TRACK DETAILS <span style="float: right;">This panel MUST be completed in FULL</span>	
Name of Insured:	<input style="width: 95%;" type="text"/>
Name of Track:	<input style="width: 95%;" type="text"/>
Telephone No.:	<input style="width: 95%;" type="text"/>
Address/Location of Track:	<input style="width: 95%;" type="text"/>
Completed by:	<input style="width: 95%;" type="text"/>
Official Position:	<input style="width: 95%;" type="text"/>
GENERAL QUESTIONNAIRE <span style="float: right;">This panel MUST be completed in FULL</span>	
1.	When did the accident happen? Day:                      Date:    /    / 200    Time:                      AM/PM
2.	Where did it happen? <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
3.	How did it happen? <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
4.	What form of lighting illuminated area? Natural/Lights/Unlit etc. <input style="width: 95%;" type="text"/>
5.	Who reported it to you? Name: <input style="width: 45%;" type="text"/> Reported:                      /                      / 20 Address: <input style="width: 45%;" type="text"/>

6. Were there any witnesses? YES / NO If yes, provide details:  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_
7. Have you received any notice of a claim from the person injured or the owner of the damaged property? YES / NO. If YES, indicate whether: Verbal YES / NO or in writing YES / NO (Attach original correspondence to this form).

**DETAILS OF INJURIES:**

Complete this panel where applicable

1. Give the following information about the person injured: (if known)  
 Name: \_\_\_\_\_ Approx. Age: \_\_\_\_\_ yrs Male / Female  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_
2. In your opinion, was the injury: Very Serious / Serious / Minor?
3. What was the nature of the injury? \_\_\_\_\_
4. Was it necessary to call for immediate medical assistance? YES / NO – If YES, state whether First Aid, Doctor or Ambulance attended and Name of First Aid / Doctor / Hospital:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (attach a copy of First Aid / Ambulance Report, if available)
5. Did person refuse treatment? If so, briefly explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_

**DETAILS OF PROPERTY DAMAGE:**

Complete this panel where applicable

1. Give the following information about the Owner of the damaged property: (If known)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Describe the damaged property : \_\_\_\_\_  
 \_\_\_\_\_
3. What is the estimated cost of repair or replacement \$ \_\_\_\_\_

**DIAGRAM:** Show location of injured party and/or damaged property in conjunction with track, fencing and other relevant features:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_