Australian Bridge Federation Inc.

Public Liability Incident Report

DATE REPORTED: _____

TIME REPORTED: _____

EXACT LOCATION:

_____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

DAY OF WEEK: _____

INCIDENT REPORTED BY: _____

INCIDENT REPORTED TO: _____

TIME INCIDENT LOCATION INSPECTED: _____

INSPECTED BY: _____

PART 1: INJURED PERSON DETAILS

NAME:

_____
(Surname) (Given Names)

ADDRESS:

_____

_____

TELEPHONE NO:

(Home)_____(Business) _____

(Mobile) _____

DATE OF BIRTH: _____ (approx or guess if unknown)

MALE ☐ FEMALE ☐

WALKING STICK ☐ GLASSES ☐ CARRYING GOODS ☐ OTHER IMPAIRMENTS ☐

PART 2: WITNESS * DETAILS

Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT:

_____
(Surname) (Given Names)

ADDRESS OF WITNESS:

_____

TELEPHONE NO:
(Home) _____ (Business) _____

(Mobile) _____

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident.

RELATIONSHIP TO INJURED PERSON:

_____

(If more than one witness, please provide details)

_____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS:

_____

_____

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/ Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back & Trunk	☐	Arms / Wrists	☐	Feet and toes	☐

If Other, or multiple, please describe:

_____

_____

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - Not Disabling	☐
Fracture	☐	Major Bruising - Disabling	☐
Sprain	☐	Minor Cut/Laceration - No Stitches	☐
Superficial	☐	Cut/Laceration requiring Stitches	☐
Dislocation	☐	Minor Concussion	☐
No Apparent Injury	☐	Concussion/Unconscious (Serious)	☐
Ligament Damage	☐		
Burns/Scalds–requiring medical attention			☐

If Other, describe:

_____

_____

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party)

_____

_____

_____

_____

DESCRIPTION OF INCIDENT (by you or independent witness)

_____

_____

_____

_____

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐
DOCTOR/HOSPITAL ☐
AMBULANCE ☐

NAME OF FIRST AIDER/PERSON ATTENDING/ Doctor/Hospital:

_____

CONTACT NO. _____

OTHER (Please describe):

_____

IF THIRD PARTY/CONTRACTOR AT FAULT:

THIRD PARTY/CONTRACTOR'S NAME:

_____

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS

_____

_____

_____

PART 4: PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED:

_____

_____

DETAILS:

_____

_____

IF VIEWED AND BY WHOM:

_____

_____

PHOTOS TAKEN AND BY WHOM:

_____

_____

PART 5: LOCATION OF INCIDENT

_____

_____

PART 6: TYPE OF INCIDENT

Slip and Fall of Person:
Please describe:

_____

_____

Caught in:

Door	☐	Escalator/Elevator	☐
Machinery	☐	Other	☐

If Other, describe:

_____

Stepping on or Striking Against:

Display Stands	☐	Escalator/Elevator	☐
Other	☐	Doors	☐
Sharp Edges/Protruding Objects	☐		

If Other, describe:

_____

Other

Falling Objects ☐

If Falling objects, please describe: _____

Water Damage ☐

_____

WAS INJURED PERSON

Reasonable	☐	Upset	☐	Aggressive	☐

Add relevant comments