



INCIDENT REPORT FORM

(2 Pages)

Please complete all sections of this report. To be completed for ANY incidents sustained during your fixture. Return this form to Head Office within 48 Hours of your event to avoid paying an insurance excess.

NAME OF COMMITTEE _____ DATE _____

VENUE ADDRESS _____

TIME OF INCIDENT _____ am/pm

DETAILS OF INCIDENT _____

Did the Police attend? Yes/No Is there any Police Report/Event number? Yes/No Event Number: _____

If Yes (a) Name of Police Officer _____

(b) Name of Police Station _____ Phone number _____

Give full particulars of any damage to property, names, addresses and telephone numbers

WAS THE COMMITTEE NOTIFIED OF THE INCIDENT AT THE FIXTURE? YES NO

IF NO WHEN WAS THE COMMITTEE NOTIFIED? _____



FULL DESCRIPTION & CIRCUMSTANCES OF HOW INCIDENT OCCURRED

NAMES AND ADDRESSES OF WITNESSES

COMPLETED BY _____

SIGNED _____

DATE _____

“The information contained in this report form may be involved in litigation. This report form is prepared solely for the purpose of submission to the insurers legal advisors for legal advice and the contents of the report form are therefore privileged.”

MUST BE RETURNED TO ABCRA NO LATER THAN 48 HOURS AFTER THE DATE OF YOUR FIXTURE.

DIAGRAM if required



INJURY REPORT FORM

(2 Pages)

Please complete all sections of this report. To be completed for ANY injuries sustained during your fixture.
Return this form to Head Office within 48 Hours of your event to avoid paying an insurance excess.

NAME OF COMMITTEE _____ DATE _____

VENUE ADDRESS _____

TIME OF ACCIDENT _____ am/pm

DETAILS OF INJURED PERSON

NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____ Years

WAS THE INJURED PERSON A – Committee member Voluntary worker Competitor Spectator (*Please Tick*)

EVENT / ACTIVITY PARTICIPATING IN WHEN INJURED _____

DETAILS OF INJURY _____

HELMET WORN: YES NO VEST WORN: YES NO

WAS IMMEDIATE MEDICAL TREATMENT REQUIRED? YES NO

DID THE INJURED PERSON REFUSE MEDICAL TREATMENT AT THE TIME? YES NO

HAS THE INJURED PERSON GIVEN NOTICE OF CLAIMING COMPENSATION? YES NO

WAS THE COMMITTEE NOTIFIED OF THE INJURY AT THE FIXTURE? YES NO

IF NO WHEN WAS THE COMMITTEE NOTIFIED? _____



OFFICIAL DOCUMENT



ACCIDENT REPORT FORM PUBLIC LIABILITY

(2 Pages)

COMMITTEE NAME _____

Address _____

Contact Person _____ Phone number _____

Date of accident ____/____/____ Time of accident _____ am/pm

State exactly where accident occurred _____

Give detailed account of accident, stating as fully as possible the nature and result

Did the Police attend? Yes/No Is there any Police Report/Event number? Yes/No Event Number: _____

If Yes (a) Name of Police Officer _____

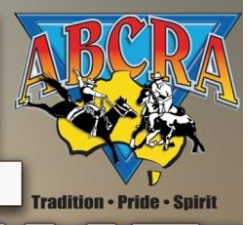
(b) Name of Police Station _____ Phone number _____

Give full particulars of any personal injury, names, addresses and telephone numbers

Give full particulars of any damage to property, names, addresses and telephone numbers



OFFICIAL DOCUMENT



Has any claim been made upon you verbally or otherwise, if so by whom?

Witness

Name _____

Address _____

Phone _____ **Mobile** _____

Witness

Name _____

Address _____

Phone _____ **Mobile** _____

Name _____

Address _____

Phone _____ **Mobile** _____

State fully any further information and/or circumstances relating to this matter

Date _____ **Signature** _____

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ABCRA, PO Box 5313, Tamworth NSW 2340 (Ph) 02 6766 5863 (Fax) 02 6766 1232

DIAGRAM if required



ANIMAL WELFARE REPORT FORM

MUST be completed whether an incident occurs or not.

ABCRA Affiliated Committees must operate their fixtures in such a way that they comply with both the ABCRA Animal Welfare Code (contained in rule book) for Rodeos & Campdrafts and the Rodeo Code which forms part of the Regulations of the Prevention of Cruelty to Animals Act 1979 (as amended)

This form MUST be completed and returned to Head Office within 21 days of your event.

This form is used for both legislative and statistical purposes and all details are for use by the Australian Bushmen's Campdraft & Rodeo Association only.

Name of Committee Conducting event _____

Date of event _____

Address of grounds used for event _____

Number of runs for the event _____

Type of animal Injured (horse/cattle) _____

Type of Injury _____

If animal being used in an event at time of injury, which event? _____

How did injury occur? _____

Was the animal a contract animal? _____

What action was taken to treat animal? (eg. minor lameness -Rested in yard away from other stock)

What was the end result? (eg. Treated & recovered, destroyed etc)

Person in charge of animal? _____



Was a veterinarian in attendance or on call? _____

Estimate distance to closest Veterinarian _____

Was a transport vehicle (float etc) available to remove severely injured animals from arena or chute?
(NSW Prevention of Cruelty to Animals Act Regulations Rodeo Code 4.11)

Authorised Official Signature