



# 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

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

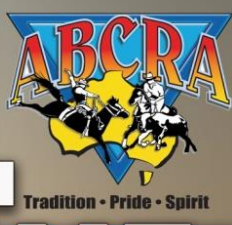
WAS THE COMMITTEE NOTIFIED OF THE INCIDENT AT THE FIXTURE? YES  NO

IF NO WHEN WAS THE COMMITTEE NOTIFIED? \_\_\_\_\_

\_\_\_\_\_



# OFFICIAL DOCUMENT



**FULL DESCRIPTION & CIRCUMSTANCES OF HOW INCIDENT OCCURRED**

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**NAMES AND ADDRESSES OF WITNESSES**

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**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

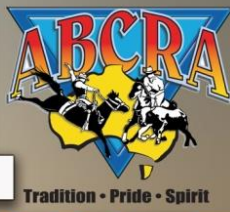
HAS THE INJURED PERSON GIVEN NOTICE OF CLAIMING COMPENSATION? YES  NO

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

IF NO WHEN WAS THE COMMITTEE NOTIFIED? \_\_\_\_\_



# OFFICIAL DOCUMENT



NAME OF COMMITTEE PERSON NOTIFIED \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

FULL DESCRIPTION & CIRCUMSTANCES OF HOW INJURY OCCURRED

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

NAMES AND ADDRESSES OF WITNESSES

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

COMPLETED BY \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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

DIAGRAM if required

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# 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

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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

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

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

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**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**

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**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.***

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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 \_\_\_\_\_

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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 .....