



INCIDENT REPORT FORM

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.

COMMITTEE INCIDENT DETAILS			
NAME OF COMMITTEE		DATE	
VENUE ADDRESS		TIME OF INCIDENT	AM / PM
DETAILS OF INCIDENT	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Did the police attend? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police report/event number: 	Name of Police Officer:
		Police Station: Phone Number:

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



OFFICIAL DOCUMENT



INCIDENT REPORT FORM

Was the Committee notified of the INCIDENT at the Show? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, when was the Committee notified?
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FULL DESCRIPTION & CIRCUMSTANCES OF HOW INCIDENT OCCURRED _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

DETAILS OF WITNESSES	
Name:	Name:
Phone:	Phone:
Address:	Address:

Name:	Name:
Phone:	Phone:
Address:	Address:



INCIDENT REPORT FORM

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“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.”

INCIDENT REPORT COMPLETED BY:	SIGNED:	DATE:
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DIAGRAM if required:

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



INJURY REPORT FORM

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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.

COMMITTEE INJURY DETAILS			
NAME OF COMMITTEE		DATE	
VENUE ADDRESS		TIME OF INJURY	AM / PM
DETAILS OF INJURY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

DETAILS OF INJURED PERSON			
FIRST NAME		DATE OF BIRTH	
SURNAME		AGE (YEARS)	
ADDRESS		PHONE	

WAS THE INJURED PERSON: <i>(Please Tick)</i>	<input type="checkbox"/> Committee member	<input type="checkbox"/> Voluntary worker	<input type="checkbox"/> Competitor	<input type="checkbox"/> Spectator
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EVENT / ACTIVITY PARTICIPATING IN WHEN INJURED

DETAILS OF INJURY
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



INJURY REPORT FORM

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DETAILS OF WITNESSES

Name:	Name:
Phone:	Phone:
Address:	Address:

Name:	Name:
Phone:	Phone:
Address:	Address:

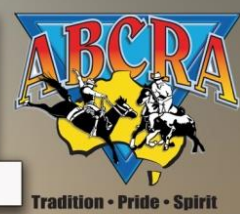
INCIDENT REPORT COMPLETED BY:	SIGNED:	DATE:
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MUST BE RETURNED TO ABCRA NO LATER THAN 48 HOURS AFTER THE DATE OF YOUR FIXTURE.

DIAGRAM if required:



OFFICIAL DOCUMENT



ACCIDENT REPORT FORM PUBLIC LIABILITY

COMMITTEE ACCIDENT DETAILS

NAME OF COMMITTEE		DATE	
VENUE ADDRESS		TIME OF ACCIDENT	AM / PM
CONTACT PERSON	Name:	Phone	

STATE EXACTLY WHERE ACCIDENT OCCURRED:

DETAILED ACCOUNT OF ACCIDENT, STATING FULLY THE NATURE AND RESULT

Did the police attend? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police report/event number:	Name of Police Officer:
		Police Station: Phone Number:

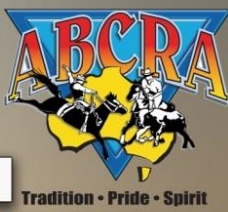


ACCIDENT REPORT FORM PUBLIC LIABILITY

<p>Has any claim been made upon you verbally or otherwise? (please attach correspondence if in writing)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If YES by whom?</p> <p>Name:</p> <p>Phone:</p>
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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

ACCIDENT REPORT FORM PUBLIC LIABILITY

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ACCIDENT REPORT FORM COMPLETED BY:	SIGNED:	DATE:
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DIAGRAM if required

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



ANIMAL WELFARE FORM

Page 1 of 2

MUST BE COMPLETED AND RETURNED TO HEAD OFFICE WHETHER AN INCIDENT OCCURS OR NOT.

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

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.

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)

COMMITTEE ANIMAL WELFARE DETAILS					
NAME OF COMMITTEE				DATE	
VENUE ADDRESS					
TOTAL NUMBER OF EVENT RUNS AT THE SHOW	Barrel Race:	Roping:	Undecorating:	Roughstock:	

ANIMAL INJURY DETAILS					
TYPE OF ANIMAL INJURED	<input type="checkbox"/> Competitor Horse	<input type="checkbox"/> Roughstock horse	<input type="checkbox"/> Roughstock Bull	<input type="checkbox"/> Roughstock steer	<input type="checkbox"/> Time event cattle
WHICH EVENT WAS ANIMAL BEING USED IN?	WAS THE ANIMAL A CONTRACT ANIMAL? <input type="checkbox"/> YES Contractor Name: Contractor Phone: <input type="checkbox"/> NO Owner Name: Owner Phone:			PERSON IN CHARGE OF ANIMAL IF DIFFERENT FROM OWNER/ CONTRACTOR Name: Phone:	
DETAIL HOW THE INJURY OCCURRED:					
DETAIL TYPE OF INJURY:					



ANIMAL WELFARE FORM

ANIMAL INJURY TREATMENT

WHAT ACTION WAS TAKEN TO TREAT THE ANIMAL?

(eg. minor lameness -Rested in yard away from other stock)

WHAT WAS THE END RESULT?

(eg. Treated & recovered, destroyed etc)

WAS A TRANSPORT VEHICLE (eg. Float) AVAILABLE FOR THE TRANSPORTATION OF THE INJURED ANIMAL?
 (NSW Prevention of Cruelty to Animals Act Regulations Rodeo Code 4.11)

- YES
- NO If no please explain why:

Diagram if required:

VETERINARY DETAILS

SHOW VETERINARIAN:

- In attendance
- On Call

Estimate distance to nearest veterinarian:

ATTENDING VET COMPANY NAME:

ATTENDING VETERINARIAN

Name:

Phone:

VETERINARIAN REPORT ATTACHED?

- YES

ANIMAL WELFARE REPORT FORM COMPLETED BY:

SIGNED:

DATE: