

#### **INCIDENT REPORT FORM**

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Please complete all sections of this report. To be completed for <u>ANY incidents</u> sustained during your fixture.

Return this form to Head Office within <u>48 Hours</u> of your event to avoid paying an insurance excess.

NAME OF COMMITTEE  VENUE ADDRESS  DETAILS OF INCIDENT  INCIDENT	AM / PM
VENUE ADDRESS TIME OF INCIDENT DETAILS OF	AM / PM
VENUE ADDRESS TIME OF INCIDENT  DETAILS OF	AM / PM
ADDRESS  DETAILS OF	AM / PM
ADDRESS  DETAILS OF	
DETAILS OF	
INCIDENT	
Did the police Police report/event number: Name of Police Officer:	
attend?  Police Station:	
□ YES	
□ NO Phone Number:	
City full manking of any democrate presents present addresses and talanham any mankage	
Give full particulars of any damage to property, names, addresses and telephone numbers	
	<del></del>



# **INCIDENT REPORT FORM**

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Was the Committee notified of the INCIDENT at the Show?	If NO, when was the Committee notified?
YES NO	
FULL DESCRIPTION & CIRCUMSTANCES OF HOW INCIDENT OF	CCURRED
DETAILS OF WITNESSES	
Name:	Name:
Phone:	Phone:
Address:	Address:
Nama	Nama
Name:	Name:
Phone:	Phone:
Thore.	Thore.
Address:	Address:



#### **INCIDENT REPORT FORM**

DATE:

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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."

SIGNED:

**INCIDENT REPORT COMPLETED BY:** 

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 <u>ANY injuries</u> sustained during your fixture. Return this form to Head Office within 48 Hours of your event to avoid paying an insurance excess.

COMMITTEE INJU	RY DETA	AILS				
NAME OF					DATE	
COMMITTEE						
VENUE					TIME OF INJURY	AM / PM
ADDRESS						
DETAILS OF INJURY				<b>,</b>	<u> </u>	
-						
-						
-						
_						
<b>DETAILS OF INJUI</b>	RED PERS	SON				
FIRST NAME				DATE OF BIRTH		
SURNAME				AGE (YEARS)		
ADDRESS				PHONE		
WAS THE INJURE PERSON: ( <u>Please</u> )		□ Committee member	□ Voluntary worker	□ C	ompetitor	□ Spectator
EVENT / ACTIVITY	PARTIC	IPATING IN WHEN INJU	JRED			
DETAILS OF INJUI	RY					
						<del></del>
	<del>-</del>					<del></del>



### **INJURY REPORT FORM**

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HELMET WORN?	VEST WORN?
□ YES	□ YES
□ NO	□ NO
WAS IMMEDIATE MEDICAL TREATMENT REQUIRED?	DID THE INJURED PERSON REFUSE MEDICAL TREATMENT AT
□ YES	THE TIME?
□ NO	□ YES
	□ NO
ATTENDING FIRST AID DETAILS	
ATTENDING FIRST AID COMPANY NAME:	FIRST AID ATTENDING OFFICER
	NAME:
	PHONE:
FIRST AID REPORT NUMBER:	FIRST AID REPORT ATTACHED
	□ YES
HAS THE INJURED PERSON GIVEN NOTICE OF CLAIMING COI	MPENSATION?
□ YES	
□ NO	
WAS THE COMMITTEE NOTIFIED OF THE INJURY AT THE	NAME OF COMMITTEE PERSON NOTIFIED:
FIXTURE?	
□ YES	PHONE:
□ NO	
If No when was committee notified?	ADDRESS:
	7.557.2551
FULL DESCRIPTION & CIRCUMSTANCES OF HOW INJURY OCC	CURRED
	<del></del>
	<del></del>



Name:

**DETAILS OF WITNESSES** 

Name:

### **INJURY REPORT FORM**

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Phone:		Phone:		
Address:		Address:		
Name:		Name:		
Phone:		Phone:		
Address:		Address:		
INCIDENT REPORT COMPLETED BY:	SIGNED:		DATE:	
MUST BE RETURNED TO A	BCRA NO LATER THAN	48 HOURS AFTER TI	HE DATE OF YOUR FIXTURE.	
MUST BE RETURNED TO A DIAGRAM if required:	BCRA NO LATER THAN	. <u>48 HOURS</u> . AFTER TI	HE DATE OF YOUR FIXTURE.	
	BCRA NO LATER THAN	<u>48 HOURS</u> . AFTER TI	HE DATE OF YOUR FIXTURE.	
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	BCRA NO LATER THAN	.48 HOURS. AFTER TI	HE DATE OF YOUR FIXTURE.	



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COMMITTEE A	CCIDEN.	T DETAILS		
NAME OF COMMITTEE			DATE	
VENUE ADDRESS			TIME OF ACCIDENT	AM / PM
CONTACT PERSON	Name	:	Phone	
STATE EXACTLY	/ WHER	E ACCIDENT OCCURRED:	·	
DETAILED ACCOUNT OF ACCIDENT, STATING FULLY THE NATURE AND RESULT				
Did the police attend?		Police report/event number:	Name of Police Officer:	
□ YES			Police Station: Phone Number:	



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Has any claim been made upon you verbally or	If YES by whom?
otherwise? (please attach correspondence if in writing)	Name:
□ YES	Phone:
□ NO	Thome:
	•
Give full particulars of any PERSONAL INJURY, names, add	dresses and telephone numbers
Give full particulars of any DAMAGE TO PROPERTY, name	es, addresses and telephone numbers



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DETAILS OF WITNESSES	
Name:	Name:
Phone:	Phone:
Address:	Address:
Name:	Name:
Phone:	Phone:
Address:	Address:
State fully any further information and/or circumstances relation	ng to this matter
· <u>-</u>	
· <u>-</u>	



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ACCIDENT REPORT FORM COMPLETED	SIGNED:	DATE:
BY:		
"The information contained in this re	eport form may be involved in litigation.	This report form is prepared solely for
	nsurers legal advisors for legal advice and	
	therefore privileged."	
DIAGRAM if required		

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



### **ANIMAL WELFARE FORM**

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#### 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 AI	NIMAL WELFARE I	DETAILS						
NAME OF COMMITTEE							DATE	
VENUE ADDRESS								
TOTAL NUMBER OF EVENT RUNS AT THE SHOW	Barrel Race:		Roping:		Undecoratin	g:	Roug	hstock:
ANUNCAL INTUIN	V DETAILS							
ANIMAL INJUR TYPE OF ANIMAL INJURED	□ Competito Horse	or 🗆	Roughstock horse	□ Ro	ughstock Bull	□ Roughst	ock steer	Time event cattle
WHICH EVENT BEING USED IN		□ YES □ NO	E ANIMAL A CONTR Contractor Name: Contractor Phone: Owner Name: Owner Phone:		IAL?	DIF CO Na		CHARGE OF ANIMAL IF FROM OWNER/ DR
	HE INJURY OCCUR	RRED:						
DETAIL TYPE OF	F INJURY:							



# **ANIMAL WELFARE FORM**

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ANIMAL INJURY TREATMENT					
WHAT ACTION WAS TAKEN TO TREAT THE ANIMAL?		lameness -Rested in yar	d away from other s	stock)	
WHAT WAS THE END RESULT?	(eg. Treato	ed & recovered, destroy	ed etc)		
WAS A TRANSPORT VEHICLE ( (NSW Prevention of Cruelty to       YES    NO If no please ex	Animals A			THE INJURED ANIMAL?	
Diagram if required:					
VETERINARY DETAILS					
SHOW VETERINARIAN:  In attendance On Call			Estimate distance	to nearest veterinarian:	
ATTENDING VET COMPANY NAME:			ATTENDING VETE Name:	RINARIAN	
	Phone:				
VETERINARIAN REPORT ATTA	CHED?				
ANIMAL WELFARE REPORT FO COMPLETED BY:	RM	SIGNED:		DATE:	