

INCIDENT REPORT FORM - LCA Insurance Fund

PART 1 INCIDENT DETAILS

Name of Insured (Church, School, other).....

Name of Injured Person **DOB**

Phone **Home Address**

..... **Postcode**

Occupation () Employee () Volunteer () Student () Other

Date of Incident **Time of Incident**

Location of incident

Circumstances of Incident (cause of incident; what was happening preceding the incident; trip, fall, lifting etc)

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.....

Nature of injuries (location on body; severity; type of injury - bruise, fracture, puncture, twisted ankle, etc)

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.....

Any Witnesses () Yes () No If Yes, Name of Witnesses.....

Address and phone numbers.....

Have witnesses completed statements () Yes () No. If Yes, please attach statements, if no please advise when or if the statements will be sent.

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PART 2 IMMEDIATE RESPONSE DETAILS

Describe what action was taken (be specific & factual; record sequential order - timing; any first aid treatment; phoned 000 -any police report number; contacted family or relatives; photographs taken; etc)

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Name - Doctor / Nurse / Other

Phone contact details

Location of - Medical Centre / Doctor Surgery / Hospital (circle)

..... **Phone**

PART 3 ASSESSMENT and CORRECTIVE ACTIONS - Risk management

Probable cause of incident (highlight whatever is appropriate): inadequate instruction / actions of a third party / assistance unavailable / lack of supervision / incorrect methods or work practices / weather / terrain/ etc

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Other cause (please specify)

Person to initiate assessment and corrective actions (if applicable)
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Phone contact **Any pertinent warnings / instructions given?** (circle) Yes / No

What steps can be taken to prevent a recurrence? (short term / longer term)

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.....
.....

By whom?

Anticipated completion date

PART 4 NOTIFICATION

Location of Insured Organisation

Contact person (Chairman / Treasurer / Business Manager / OHS Officer)
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Phone **Email**

Signed **(Title)** **Date**

PLEASE NOTE

- Do not admit liability to anyone as you may jeopardise a claim under your insurance cover.
- Forward this form and all correspondence concerning the incident to the LCA Insurance Fund as soon as possible; do not try to defend any claim or allegation by yourself.
- A claim for damages involving a child may be made many years after the incident so keep all reports in a safe place in case they are required.