



EHA INCIDENT FORM

This report is to be completed as soon as possible after the incident by the Team Coach, Manager, Umpire or first in attendance and then handed to the Grade Coordinator. **ONLY REPORT THE FACTS. DO NOT SPECULATE.**

Date: _____ Time of Incident: _____

Exact Location of Incident: _____

Details of Injured Person:

Name (in full): _____

Team: _____ Grade: _____

Address: _____ Suburb: _____

Telephone: _____ Mobile: _____ E-mail: _____

Attachment to Venue: ☐ Player ☐ Umpire ☐ Spectator ☐ OTHER

Gender: ☐ MALE ☐ FEMALE Approximate Age: _____

Footwear: _____

Type of Clothing: _____

Glasses? ☐ YES ☐ NO

Walking Aids? ☐ YES ☐ NO

Carrying Anything? ☐ YES ☐ NO

Were they alone? ☐ YES ☐ NO

Did they appear to be affected by alcohol? ☐ YES ☐ NO

If yes, in what way: _____

Any noticeable physical restrictions (before incident)? ☐ YES ☐ NO

Did they appear distressed after the incident? ☐ YES ☐ NO

Injured persons' version of events:

Incident reported to: _____ Position: _____

Details: _____

Details of witness:

Name (in full): _____

Club: _____ Grade: _____

Address: _____ Suburb: _____

Telephone: _____ Mobile: _____ E-mail: _____

Does the witness agree with the affected person's description of the incident? ☐ YES ☐ NO

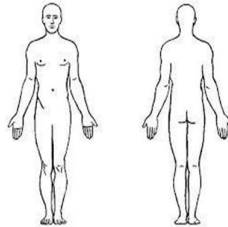
If NO, the witness's version of incident:

Medical Details:Was first aid required? ☐ YES ☐ NO Administered by: _____Did an ambulance attend? ☐ YES ☐ NO Taken to Hospital? ☐ YES ☐ NODid the injured person have to leave the venue? ☐ YES ☐ NO

What treatment, if any, was administered (including items used e.g. bandage, antiseptic etc.):

Type of Incident:☐ SLIPPED ☐ TRIPPED ☐ FELL ☐ HIT (STICK) ☐ HIT (BALL) ☐ CUT ☐ HEAD INJURY ☐ OTHER

Indicate clearly the part of the body injured:

**Environmental Conditions:**Weather: _____ Approx. Temp: _____ Surface: ☐ WET ☐ DRYWas the lighting adequate? ☐ YES ☐ NO If no, please explain: _____

Crowd (approx. # at site at time of incident): _____

Was any property damaged? ☐ YES ☐ NO If yes details: _____

Indicate clearly where on the field the incident occurred:

**Form completed by:**

Name: _____ Position: _____

Signature: _____ Date: _____ / _____ / _____