

Incident Report Form

Please print clearly

Camp/Event Organiser		
Name:		
Address:		
Contact details:	Home phone:	Work phone:
	Mobile:	Email:
Information on the Incident		
Nature of the activity:		
Place of the activity:		
Date of incident:	Time of incident	
Exact location of the incident:		
Weather conditions (if applicable)		
Description of the incident (if a vehicle was involved, attach owner, driver and registration info)		
Please attach witness statements (brief recount of event) if applicable.		
Witness Name:		Phone:
Witness Name:		Phone:
Complete this section only if the incident was reported to the police		
Police Station Name:		
Police Station Address:		
Name and Phone number of Policeman:		
Information on Injured Person or Owner of Damaged Property		
Name:		Birth Date:
Address:		
Phone numbers:		
Indicate if HEN member: Yes/ No		
Describe the nature of the injury or property damage.		
Complete if applicable:	Name of doctor consulted:	Phone:
	Name of hospital or clinic:	Phone:
Reporting Details		
This report must be signed by a current HEN member and emailed to the HEN insurance officer at: insurance@home-ed.vic.edu.au Signatory to enter details opposite: Signed: Date:	Full name:	
	HEN/event Position:	
	Street address:	
	Town, State, Postcode	
	Phone:	
	Email	

