

# \*Serious Injury Reporting Form

Reported by: \_\_\_\_\_

Title/Role: \_\_\_\_\_ Activity Group: \_\_\_\_\_

Date of Report: DA MO YR Location: \_\_\_\_\_

Circle Incident Type: Health OR Physical Incident Date & time of Incident: DA MO YR

Name of Person Injured: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Circle Member or Guest: Member OR Guest Membership Form signed? Y / N

Were Police or Ambulance Summoned? Y / N

Description of Accident /Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Witnesses:

1. Name & Contact:

\_\_\_\_\_  
\_\_\_\_\_

2. Name & Contact:

\_\_\_\_\_  
\_\_\_\_\_

3. Name & Contact:

\_\_\_\_\_  
\_\_\_\_\_

**Completed form to be sent to Convenors Convenor, who will forward a copy to the President of LNC**

This form is to be completed when there is a serious injury to a member or guest.

*\*Serious injury is defined as a possible bone fracture or head injury, stroke or heart attack, or any incident where the individual is taken to hospital.*