



Coffs Trail Runners Inc. - Incident Report Form

This form is to be filled out if there are any incidents or near misses at a Coffs Trail Runners Inc. event and submitted within 48 Hours from the completion of the event.

Event:			
Report prepared by:			
Date prepared:		Date of incident:	
Phone number:		Time of incident:	
Name of person subject to incident			
Address and contact no. of person subject to incident			
Location of incident	<p style="text-align: center;"><i>(Please draw map if necessary)</i></p>		
Type and description of the incident (injury, missing person, damage to property, fire, theft etc)			
Was first aid made available or provided? By who?			

<p>Were there any witnesses to the incident? Please provide name and contact details if available</p>	
<p>Were authorities or agencies notified? Provide contact details and phone numbers</p>	
<p>If yes, who contacted external authorities, how, and did the external authority take a role in managing the incident?</p>	
<p>Were insurers notified?</p>	
<p>What was the final outcome of the incident, was it resolved?</p>	
<p>Could the likelihood of this incident be reduced at future Coffs Trail Runners Inc. events? If so, how?</p>	
<p>What measures in future could be taken to mitigate risk of the incident?</p>	
<p>Please submit form to Coffs Trail Runners Inc. - refer to Event Policy for Details</p>	
<p>Incident Report Form signed off by:</p>	

