



# INCIDENT/INJURY WITNESS REPORT

FSC-007: Issued February 2014

*This form is to be completed by the Person(s) that witnesses an incident or injury.*

Please complete the information on page 1 - Information on this page will be for the **FSC office only**.

For Accidents or Injuries complete page 2.

For Incidents complete page 3.

**Please send this report to Football South Coast**

**Mail: PO Box 105 Fairy Meadow 2519**

**Fax: (02) 4285 5625**

**Email: [davidware@footballsouthcoast.com](mailto:davidware@footballsouthcoast.com)**

Witness Details			
Full Name:			
Address			
Town/Suburb			Postcode
Contact Phone Number	Contact Email		
Club Associated with (if applicable)			Age if 18 or under

Please tick the relevant box					
I wish to report:	<input type="checkbox"/>	An accident/injury	My Role at the event:	<input type="checkbox"/>	Player
	<input type="checkbox"/>	An incident		<input type="checkbox"/>	Parent
	<input type="checkbox"/>			<input type="checkbox"/>	Team Official
	<input type="checkbox"/>			<input type="checkbox"/>	Spectator
	<input type="checkbox"/>			<input type="checkbox"/>	Club Official
	<input type="checkbox"/>			<input type="checkbox"/>	FSC Official
	<input type="checkbox"/>			<input type="checkbox"/>	Referee
	<input type="checkbox"/>			<input type="checkbox"/>	Assistant Referee



# INCIDENT/INJURY WITNESS REPORT

FSC-007: Issued February 2014

For Accidents or Injuries			
Match / Event Details			
Match or Event			
Location		Date	
Who had the accident or injury?			
When and where did the accident or injury occur at the match/event?			
How did the accident or injury/injuries occur?			
What were the injuries / suspected injuries?			
What treatment for the injury/injuries (if any) was provided?			
Who treated the injured person?			
Was an ambulance called? <i>Please tick box</i>	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Please write in your own words what you saw or heard in respect of the injury?			
(please attach additional page if required)			
Signed:		Date:	



# INCIDENT/INJURY WITNESS REPORT

FSC-007: Issued February 2014

<b>For Incidents:</b>			
Match / Event Details			
Match or Event			
Location		Date	
Who is involved in the incident?			
When and where did the incident occur at the match/event?			
Please write in your own words what you saw or heard in respect of the incident.			
Who else witnessed the incident?			
(please attach additional page if required)			
Signed:			Date:

