



Accident / Incident Report Form

This form should be completed for all accidents / incidents, whether or not medical treatment is given, and filed for future reference. This is not an insurance claim form. All participants in Swiss Netball activities are required to hold accident, medical and civil responsibility insurance in case of damage to themselves, others or property.

1. DETAILS OF PERSON INVOLVED	
Name:	Swiss Netball Individual Membership Number:
Full address:	
Date of birth:	Telephone number(s):
Full details of injuries:	
Treatment received:	
Event & venue details:	
2. ACCIDENT / INCIDENT	
Location within venue:	Date:
Description of accident / incident:	
<i>To support your description, you may wish to complete a diagram on a separate piece of paper.</i>	

3. DETAILS OF PROPERTY DAMAGE (if applicable)

Property owner's name:

Full address:

Telephone number(s):

Details of damage:

To support your description, you may wish to complete a diagram on a separate piece of paper.

4. WITNESSES (if available)

Name:

Full address:

Telephone number(s):

Name:

Full address:

Telephone number(s):

Name:

Full address:

Telephone number(s):

5. ANY ADDITIONAL COMMENTS**Signature:****Name:****Date:****Your Netball Role at this Event:**