



INJURY WITNESS REPORT

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

Please send this report to Football South Coast

Mail: PO Box 105 Fairy Meadow 2519

Fax: (02) 4285 5625

Email: 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

Office use only

Please tick the relevant box			
I wish to report an accident/injury which has occurred to another person.			
My role at the event was as a			
Player	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Team Official	<input type="checkbox"/>	Spectator	<input type="checkbox"/>
Club Official	<input type="checkbox"/>	FSC Official	<input type="checkbox"/>
Referee	<input type="checkbox"/>	Assistant Referee	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>



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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 note: For a player to commence an insurance claim, the injured person or guardian (if under 18) must have all relevant sections of the Gow Gates Personal Injury Claim Form, completed within 120 days of the injury.			
(please attach additional page if required)			
Signed:		Date:	



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