Mountain Bike Australia

Incident Report Form

Incident Details

Date of incident: ____________________ Time of incident: ____________________

Venue / Location: ____

Club / Private Promoter: ____

Incident category:

- ☐ Injury*
- ☐ Public property damage
- ☐ Complaint
- ☐ Event vehicle damage
- ☐ Contracted goods and services
- ☐ Inappropriate behaviour
- ☐ Other: ____

Incident Details (please be as specific as possible, including all relevant information in relation to contributing factors):

____

____

____

____

Do you have photographs of the incident? Yes No Do you have video of the incident? Yes No

Has property been Damage or Stolen

Property type: ____________________ Approximate property value: ____________________

Witness Details

Witness name: ________________________________ Daytime Phone: ____________________

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Acknowledgement *(Race Director or Club Official)*

Person completing form: ________________________________ Position: ____________________

Signed: ________________________________ Phone: ____________________

* Important: Please also complete the reverse side for injuries or public damage.

Instructions: 1) Fill out all information you are able to provide.

2) Post or email to MTBA within 1 day of the incident:

Mountain Bike Australia
PO Box 377
Varsity Lakes QLD 4227
info@mtba.org.au

3) Provide any supporting information you can (medical reports, police reports etc) if possible.

Personal Details *(of injured person / person reporting damage)*

First Name: ______________________ Surname: ______________________

Gender: ☐ Male ☐ Female *Date of Birth:* ______/______/______

Phone: ______________________ Mobile: ______________________

Postal Address: ____

City: ______________________ State: __________ Postcode: __________

Member Status: ☐ MTBA Member Member number: ______________

☐ Race Day Licence Licence number: ______________

Involvement: ☐ Public / Spectator ☐ Athlete ☐ Volunteer

☐ Contractor ☐ Officials ☐ Event Staff

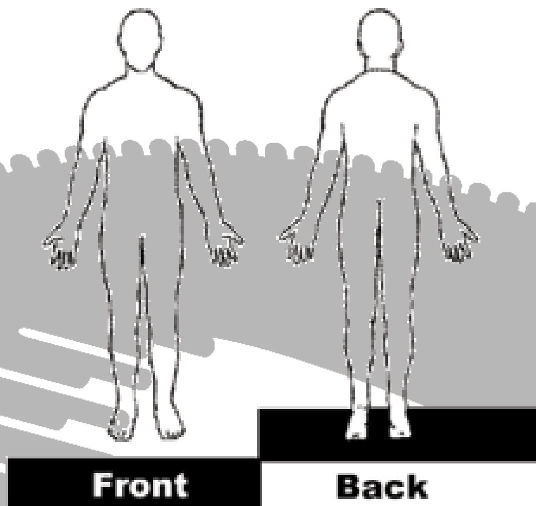
☐ Other: ____

Injury Details

Nature of Injury: ____

Body area:

(Please circle)



Cause of injury: ____

Manner of injured person: ☐ Reasonable ☐ Distressed ☐ Aggressive

Treatment

Was first aid supplied on site? ☐ Yes ☐ No

Location of initial treatment: ____

Treatment supplied by: ☐ Event medical staff ☐ Other: ______________________

Name of treatment provider: ______________________ Phone: ______________________

Referred to hospital? ☐ Yes ☐ No Ambulance required? ☐ Yes ☐ No

Additional information: ____

Is MTBA follow up needed? ☐ Yes ☐ No

MTBA Office Use Only

Date Received: ______________ Initial: __________ Insurance claim? ☐ Yes ☐ No