

Queensland Chamber of Agricultural Societies Inc.

Was the Third Party a child?

Was the injured person a volunteer at the Show?

Please specify:

Aged under 18 years? Yes No

Accompanied by an Adult? Yes No

If accompanied by an Adult; Relationship?

Adult's Name:

Address:

Telephone Number:

What injuries does the Third Party allege they sustained?

Type of Injury:

Strain/Sprain Lacerations/Abrasions Contusion (bruise)

Fracture/Dislocation

Hernia Twist Crush Injury Soft Tissue Injury

Dental Pain/Tenderness Other – Please specify:

Part of Body Injured: Left side Right side Multiple

Shoulder Wrist Arm Upper Arm Lower Elbow Hip

Hand Abdomen Chest Groin Head Face

Scalp Nose Ears Eyes

Back Upper Back Middle Back Lower Leg Upper Leg Lower Foot

Ankle Knee Neck Finger/Toe – Please specify:

Other Comments:

Pre-existing medical condition?

Did the Third Party have a pre-existing medical condition or illness at the time of the Incident?

No Yes – Please specify:

Was the Injured Person taking medication at the time of the incident?

No Yes – Please specify:

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Is there any damage to property?

Does the Third Party allege that they incurred property loss or damage?

Approximate value of property loss or damage – Please specify: \$

Type of Damage: Vehicle Clothing Purchases Other

Was there any damage to property of the Show Society? No Yes

If Yes, please specify:

*remember to take photos indicating damage to the property of the Society

**note details of incident in full on page 5 "Other Comments"

To whom was the incident reported?

Name:

Position:

Telephone Number:

Police Report No. (if applicable):

How was the incident reported?

Where the Incident is reported by the Person:

How was the Incident reported?

In Person Telephone Letter Other

Date and Time Reported:

Where the Incident is reported by Person:

Who reported the Incident? Name:

Address and Contact No:

How was the Incident reported by the Other Person?

In Person Telephone Letter Other

Date and Time Reported:

Were there any witnesses to the incident?

Witness #1 Name

Address:

Contact Numbers: *Home* *Work* *Mobile*

Witness #2 Name:

Address:

Contact Numbers: *Home* *Work* *Mobile*

Please have each witness complete the Witness Statement

Other Comments

Witness Statement

Full Name

Address

Date of Birth

Occupation

Statement

I state as follows:

Signature of person making statement:

Date:

Signature of person witnessing statement :

Date:

15.1. Witness Statement

The QCAS Incident Report Form includes a witness statement.

The following types of witnesses are relevant to incident investigations:

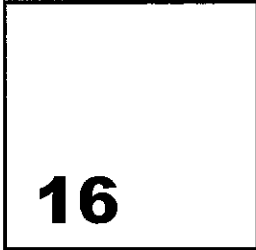
- Eye witnesses: people who actually saw the incident occurring; and
- Circumstantial witnesses: those who did not actually see the incident but who can contribute valuable background information. An example of a circumstantial witness is a stall worker who did not see an incident which occurred near their store but heard an injured person say something like “I should have been watching where I was going!” after the incident had occurred.

For all incidents where Society members speak to a witness, Marsh will review the witness statement which is contained in the Incident Report Form to see if a comprehensive statement will be necessary.

It is vital that the Society members obtain as much information as possible to enable the witness to be contacted. If at all possible, it is best to obtain the date of birth of a witness. For example, if an incident occurs and the Society does not hear from the injured person again until a Notice of Claim is issued some time later, the witness may have moved from the address outlined on the Incident Report Form. Searches could be conducted with the witness’ date of birth to find their last known address. The testimony of the witness could well be crucial to the defence of the claim.

Other important points to note:

- Witnesses should be interviewed as soon as possible after an incident to minimise the possibility that they will subconsciously adjust their stories to fit the interviewer’s concept of what occurred or to protect someone involved.
- If there is more than one witness, they should be interviewed individually so that the comments of one witness do not influence the others.
- Be sure that the person being interviewed understands that it is their story of what happened which is required from them.
- Ask “who”, “what”, “when”, “where”, and “why” type questions.
- Do not be judgmental or apportion blame – merely gather the facts.



16. Incident Report Form – First Aid Providers Attachment

This form is to be used by First Aid Providers engaged by the various QCAS affiliated Show Societies



INCIDENT REPORT FORM – QCAS SHOWS – FIRST AID PROVIDERS

PLEASE COMPLETE ALL SECTIONS AND FAX FORM TO No. **07 3115 4500**
 IF IN DOUBT, CONTACT MARSH CLAIMS MANAGEMENT SERVICES TEAM (Ph: 07 3115 4564 or 0403 242 963)

Date and time incident reported	Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date and time incident	Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of incident	Grid Ref: _____
What happened in the incident?	(please detail injured person's/witness version of events)
Weather conditions at the time?	<input type="checkbox"/> Fine <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Raining <input type="checkbox"/> Drizzling <input type="checkbox"/> N/A
Nature of injury	Describe nature of injury sustained by the injured person: (outline type of injury eg. sprain/fracture/ lacerations etc + part of body injured)
Treatment provided	Outline treatment provided to the injured person: Was an ambulance called? <input type="checkbox"/> Yes: to where; please specify: _____ <input type="checkbox"/> No
Any property damage?	Describe nature of property damaged (if any): Approximate value of damaged property: _____
Any witnesses?	Full name of witness Address Contact No. 1. _____ 2. _____ 3. _____
Any other comments?	(attach a separate sheet if necessary)
Attending officer	Full name of attending officer: Signature of attending officer: _____ Date: _____
Injured person's details	Full name of injured person: Address of injured person: Home phone no.: _____ Mobile phone no.: _____ Approximate age of injured person/ date of birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> patron <input type="checkbox"/> contractor, specify employer contact: _____ <input type="checkbox"/> society employee <input type="checkbox"/> other, please specify _____ Other comments: (eg. was person an exhibitor; carrying parcels; nature of footwear)
Is the injured person under 18 years of age?	Full name of guardian/accompanying adult: Address: Contact No.: _____

IMPORTANT - AUTHORITY OF THE INJURED PERSON TO RELEASE THIS FOR

I authorise the attending first aid officer to release this form to the organiser of the event, to be used for their purposes whatsoever, including risk management, which includes the provision of this form to the organiser's risk management advisors such that they or their agents may contact me about any aspect of the incident, including my injuries.

I understand that I am not obliged to authorise the release of this information to the organiser of the event.

Signed: _____ Date: _____