

# ACCIDENT INVESTIGATION FORM



| PARTICULARS OF ACCIDENT   |                      |                           |                  |
|---|----------------------|---------------------------|------------------|
| Date:   | Time:                | Location:                 | Date reported:   |
| DETAILS OF INJURED PERSON   |                      |                           |                  |
| Name:   | Email:               |                           | Age:             |
| Address:  |                      | Contact number:           |                  |
| Type of injury:   |                      |                           |                  |
| Injured part of body:   |                      |                           |                  |
| Reason for being at WHA: i.e. Player, Spectator, Employee         |                      |                           |                  |
| DAMAGED PROPERTY (if applicable)                                  |                      |                           |                  |
| Property damaged:   |                      |                           |                  |
| Nature of damage:   |                      |                           |                  |
|   |                      |                           |                  |
| THE ACCIDENT  |                      |                           |                  |
| Describe what happened  |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
| WHAT WERE THE CAUSES OF THE ACCIDENT?                             |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
| How bad could it have been?                                       |                      |                           |                  |
| Very serious  |                      | Serious                   | Minor            |
| What is the chance of it happening again?                         |                      |                           |                  |
| Frequent  |                      | Occasional                | Rare             |
| What has or will be done to prevent it occurring again in future? |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
|   |                      |                           |                  |
| TREATMENT AND INVESTIGATION OF ACCIDENT                           |                      |                           |                  |
| Type of treatment given:  | Name of first aider: |                           | Doctor/hospital: |
| Accident investigated by:   | Date:                | WHA staff member advised: | Date:            |