



BINL Accident / Incident Form

1. DETAILS OF PERSON INVOLVED

NAME:

NETBALL ID

FULL ADDRESS:

POSTCODE:

DATE OF BIRTH

OCCUPATION

TELEPHONE(S)

FULL DETAILS OF
INJURIES

TREATMENT
RECEIVED

2. ACCIDENT/INCIDENT

EVENT & VENUE

LOCATION WITHIN
VENUE

DATE

TIME

DESCRIPTION OF
INCIDENT

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

NOTE: All major accidents / incidents to be reported immediately and followed up with completion of the accident form. All minor accidents / incidents to be reported to the committee within 7 days.

3. DETAILS OF PROPERTY DAMAGE *if applicable*

PROPERTY
OWNER'S NAME:

.....

FULL ADDRESS:

.....

TELEPHONE(S)

POSTCODE:

.....

DETAILS OF
DAMAGE

.....

.....

.....

4. WITNESSES *if available*

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

5. ANY ADDITIONAL COMMENTS

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.....

.....

Signature

Date

Name

Your Netball Role
at this Event

Complete and return to (leaguesecretarybinl@gmail.com) within 7 days of incident