

THANET & DISTRICT

NETBALL LEAGUE

ACCIDENT & DANGEROUS INCIDENT REPORT FORM

to be completed by injured person (if possible)

FULL NAME of injured person	
ADDRESS	
TEL NO	
DATE OF BIRTH	
TEAM PLAYING/UMPIRING FOR	
STATUS of injured person (e.g. player, umpire, spectator)	
DATE & TIME OF ACCIDENT	
WHERE DID ACCIDENT OCCUR?	
NATURE OF INJURY please give details of any medical treatment received either at the courts or afterwards	
BRIEF DESCRIPTION OF THE CIRCUMSTANCES please include the following: 1) details of any other parties involved in the accident 2) details of any injury/medical advice given and by whom 3) details of any contributing factors (e.g. bad weather etc)	
NAMES & ADDRESSES OF WITNESSES	
NAME	
ADDRESS	
NAME	
ADDRESS	
ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE	