



England Netball Accident Report Form

This form should be completed for all incidents, regardless of whether or not medical treatment is given. This is not an insurance claim form. Once completed, a copy should be sent to the Competition and Events Department at England Netball and a copy should be retained and filed for future reference.

1. DETAILS OF PERSON INVOLVED

NAME: _____ NETBALL ID: _____
FULL ADDRESS: _____

POSTCODE: _____
DATE OF BIRTH: _____ OCCUPATION: _____
TELEPHONE: _____

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

3. DETAILS OF PROPERTY DAMAGE *if applicable*

PROPERTY OWNER'S NAME: N/A

FULL ADDRESS: _____

POSTCODE: _____

TELEPHONE(S): _____

DETAILS OF DAMAGE: _____

4. WITNESSES *if available*

NAME: SEE VIDEO FOOTAGE IF REQUIRED

FULL ADDRESS: _____

POSTCODE: _____

TELEPHONE(S): _____

NAME: _____

FULL ADDRESS: _____

POSTCODE: _____

TELEPHONE(S): _____

NAME: _____

FULL ADDRESS: _____

POSTCODE: _____

TELEPHONE(S): _____

5. ANY ADDITIONAL COMMENTS

NAME: _____

SIGNATURE: _____

DATE: _____

YOUR NETBALL ROLE AT THIS EVENT: _____