



ACCIDENT REPORT FORM

DETAILS OF INJURIES

Name of person injured: _____

Age: _____ Male/Female: _____ SQI Registration Number: _____

Address: _____

Postcode: _____

Phone (h) _____ (w) _____ (m) _____ Email: _____

What is the nature of the injuries: _____

Did an ambulance attend? – Yes / No: _____ Name of Hospital or Doctor taken to: _____

Address: _____

Postcode: _____ Phone No: _____

DETAILS OF ACCIDENT

When did the accident happen: Day _____ Date _____ Time _____ AM/PM

How did it happen (please give a full description of circumstances and if insufficient space attach a separate statement and sketch if applicable):

Who was the accident reported to: _____

PLEASE COMPLETE PANELS OVERLEAF

Please note: Copies of SQI Documentation can only be provided to third parties with the express written permission of parties whose details are included in the documentation.

DETAILS OF WITNESSES

Please provide the name and address of any witness and their position eg: umpire, coach etc.

Name: _____ Position: _____

Address: _____

_____ Postcode: _____

Phone (h) _____ (w) _____ (m) _____

Name: _____ Position: _____

Address: _____

_____ Postcode: _____

Phone (h) _____ (w) _____ (m) _____

Name: _____ Position: _____

Address: _____

_____ Postcode: _____

Phone (h) _____ (w) _____ (m) _____

DECLARATION

I/We of _____ Club/Association

declare that the above answers and particulars are true and complete in every respect.

Signature: _____ Date: _____

Signature: _____ Date: _____

THIS FORM IS TO BE RETURNED TO THE SQI OFFICE AS SOON AS POSSIBLE AFTER THE ACCIDENT.

FORWARD TO:

**OPERATIONS MANAGER
SOFTBALL QUEENSLAND INC
C/- SPORTS HOUSE SOUTH
1/866 MAIN STREET
WOOLLOONGABBA Q 4102**