



INCIDENT REPORT FORM

Forward all documentation to: Membership Services Manager

Tennis Victoria
Locked Bag 6001
Richmond, 3121

FAX: (03) 9427 9698

MEMBER CLUB DETAILS

Member Club: _____	Telephone No: _____
President: _____	Fax No: _____
Club Address: _____	

DETAILS OF INCIDENT

Date of Incident: _____ **Date Reported:** _____

Time of Incident: _____ **Time Reported:** _____

To Whom was Incident reported: _____

Area where incident occurred: _____

At the time of the Occurrence were the parties playing tennis: _____

Did the Occurrence Cause:

a) **Personal Injury**

b) **Property Damage**

c) **Other (Please describe)** _____

Description of Incident: _____

Has a formal demand been made upon the Club: Yes / No (Please circle)

If yes please attach all correspondence received

Do you consider the Club was responsible for the Incident?

If NO Please explain why not: _____

If YES Please explain why _____

Did the Club admit Liability Yes / No (Please circle)

Did the Claimant concede Liability Yes / No (Please circle)

What remarks, if any, were made by the Club or the Third Party with regard to the Incident

a) The Club _____

b) Third Party _____

To your knowledge, was the Third Party under the influence of drugs or alcohol at the time of the Incident

Yes / No (Please circle)

If yes please explain: _____

Injury Reported: _____

Treatment Received: First Aid: Yes / No Medical (i.e Doctor): Yes / No

Hospital: Yes / No

If yes please specify: _____

In your opinion does the personal injury claimed by the Third Party appear consistent with the Incident

Yes / No (Please circle)

If NO Please explain _____

Is the Third Party's version of the Incident consistent with your recollection of the Incident

Yes / No (Please circle)

If NO Please explain _____

NAME OF PERSON INJURED/OWNER OF DAMAGED PROPERTY

Full Name: _____

Phone No. (H): _____

Address: _____

Phone No. (W): _____

State: _____ **Post Code:** _____

Date of Birth: _____

Trade, Occupation, Business or Profession: _____

If a minor please state Parent/Guardian name: _____

Male / Female (Please circle)

Member / Visitor (Please circle)

WITNESS DETAILS

Full Name: _____	Phone No. (H): _____
Address: _____	Phone No. (W): _____

Additional Comments: _____

Club Secretary / Responsible Officer

Signature: _____ **Name:** _____ **Date:** _____