

Event Name

Venue

Contact Name

Phone

## Incident category

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General trespass | <input type="checkbox"/> First aid                   | <input type="checkbox"/> Vehicle-related incident |
| <input type="checkbox"/> Noise complaint  | <input type="checkbox"/> Emergency Services Required | <input type="checkbox"/> Suspicious article       |
| <input type="checkbox"/> Crowd incident   | <input type="checkbox"/> Emergency evacuation        | <input type="checkbox"/> RSA breach               |
| <input type="checkbox"/> Theft            | <input type="checkbox"/> Slip/trip/fall incident     | <input type="checkbox"/> Intoxication             |
| <input type="checkbox"/> Damage to ground | <input type="checkbox"/> Lost person                 | <input type="checkbox"/> Unauthorised activities  |
| <input type="checkbox"/> Lost property    | <input type="checkbox"/> Property Damage             |   |

## Incident details

Other - Please specify

Date

Time

Location

Details of incident

What action did you take?

Did you inspect the area?

- Yes  No

What was evident?

## Details of Ground Damage

Were the Police called?

- Yes  No

Did they attend?

- Yes  No

Name of Police Officer:

Reported to staff?  Yes  No

Details of incident / damage

**Contact details of person involved**

Name  Yes  No Phone

Residential address

**Details of injuries and treatment**

First aid officer requested?  Yes  No Phone / Email

First aid officer name

Ambulance requested?  Yes  No

Did the person go to hospital?  Yes  No

Name of hospital

Does the injury require any follow-up treatment?  Yes  No

If yes, give details

## Details of Property Damage

Were the Police called?  Yes  No

Name of Police Officer:

### Photographs must be taken and emailed to Council with the completed Incident Report Form

Date taken		Time taken	
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# **Photographs** are required to be taken of the incident site **prior to** and following any make safe measures and are to be emailed to MidCoast Council with this form, please ensure you:

- Include photos taken **close-up** (have a size reference point e.g. ruler where relevant) **and from a distance** to show perspective on the incident location and any other related structures, signage, etc. in the vicinity.
- Each photograph must be clearly labelled to confirm location, direction photo was taken in, and date / time taken.

# **Videos** are also helpful where relevant to provide a clear perspective on the incident location, be careful not to include members of the community in the video footage if at all possible.

# **Diagram** Where possible / necessary to show incident, attach a diagram showing the location of the incident within the open space / venue / event site; direction and location of vehicles involved if relevant; location of property damaged/injured parties, related Council infrastructure, signage in the vicinity of the incident, other relevant landmarks, etc.

**Privacy:** This information is required to assist with your transaction and will not be used for any other purpose without seeking your consent, or as required by law. Your information will be retained in Council's Records Management System and disposed of in accordance with current legislation. Your personal information can be accessed and corrected at any time by contacting Council.

Name of Council Officer - Receipt: