



# **MAJOR INCIDENT REPORT**

*This form is to be completed by the Secretary/Senior Duty Official of the Club at which the incident occurred immediately after the incident and forwarded to the RLB office within **48 hours** of the incident occurring.*

### **Preliminary Information:**

Date of Incident: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Incident: \_\_\_\_\_:\_\_\_\_\_AM/PM

Name of Club/Ground Where Incident Occurred: \_\_\_\_\_

Name/s of Persons Involved: \_\_\_\_\_

Club & Team Persons Involved/Associated With: \_\_\_\_\_

Names Independent Witnesses No. 1: \_\_\_\_\_

Names Independent Witnesses No. 2: \_\_\_\_\_

Name/s of Host Club Duty Officials Present: \_\_\_\_\_

Name of Visiting Club Duty Official (if applicable): \_\_\_\_\_

### **Brief Description of Incident: (What Occurred) – Please attach signed witness statements**

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Were the Police called? **Yes / No**

Were there any media representatives present? \_\_\_\_\_

Name of Person Completing This Report: \_\_\_\_\_

Position Held & Club: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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