



Australian Carriage Driving Society

ABN: 28 794 114 302 – Incorporation No: AO1028

INCIDENT / NEAR MISS REPORT

ACDS Club: _____ State: _____

Venue: _____

Club Activity at the Time of the Incident: _____

Date of Incident: _____ Approximate Time: _____

Name of injured person/s: _____

Capacity? Driver Groom Official Other: _____

Factual description of the incident (no opinions please).

Are you aware of any known injuries resulting from the incident? Yes No

If so, please list.

If a person/s was injured, was it possible to inform them of the ACDS concussion policy?

Yes No

Was an Ambulance called? Yes No



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If possible, please supply a diagram of the Incident.

Reported by: _____
Name Signature

Witness: _____
Name Phone No

Witness: _____
Name Phone No

Received by Event/Club Official: _____
Name

Signature Date

Important: The ACDS Federal Secretary must be advised of an:

- Incident – within 24 hours
- Near Miss – within 48 hours

*This form is to be completed then forwarded **only** to the Federal Secretary immediately thereafter. (Email address in the ACDS Journal). A copy is to be held by the Secretary of the Club organising the event.*