



POLOCROSSE ACCIDENT / INCIDENT REPORT

White copy: Australian Chief Umpire Pink copy: State Chief Umpire Yellow copy: State Administration Green copy: Zone Chief Umpire

Date: _____ Name of Club hosting Tournament: _____

Actual location of Tournament: _____

Player(s) involved/injured & Club(s): _____

Incident - state what occurred and why (include diagram if required): _____

Actions taken by Match Umpire(s): _____

Weather conditions: Frost Mud Fog Rain Dry

Details: _____

Comments: _____

Was medical assistance required? No Yes

By who? FIRST AID AMBULANCE HOSPITAL DOCTOR

Was the horse injured? No Yes

Comment: _____

Was the player(s) able/permitted to continue playing? No Yes

Comment: _____

Match Umpire(s)

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____