



## Kingsbury Bakmaha Sænakeliy 2026

### INCIDENT REPORT FORM

This form must be completed for ALL incidents, accidents, safeguarding concerns, or security issues.

**Event:** Sinhala & Tamil New Year Festival 2026

**Date:** 18th April 2026

**Location:** Byron Recreation Ground, Byron Rd, Harrow HA3 7PJ

**Organizer:** Sri Lanka Educational, Cultural & Welfare Foundation (SSIBC)

**Prepared By:** Galayaye Dhammadassi

### SECTION 1 – INCIDENT DETAILS

Incident Reference Number: \_\_\_\_\_

Date of Incident: \_\_\_\_ / \_\_\_\_ / 2026      Time of Incident: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

Type of Incident (tick as appropriate):

- Medical Emergency     Injury / Accident     Lost Child / Vulnerable Person     Anti-Social Behaviour
- Security Concern     Fire / Smoke     Property Damage     Traffic / Car Park Incident
- Safeguarding Concern     Other: \_\_\_\_\_

### SECTION 2 – PERSON(S) INVOLVED

Full Name: \_\_\_\_\_

Age (if known): \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Individual Status:

- Attendee     Staff     Volunteer     Security     Contractor     Other

### SECTION 3 – DESCRIPTION OF INCIDENT

Provide a clear and factual description:

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### SECTION 4 – ACTION TAKEN

- First Aid Administered       Ambulance Called       Police Notified       Security Intervention
- Individual Escorted to Event Control       Area Secured / Cleared       Parent / Guardian Contacted
- No Further Action Required       Other: \_\_\_\_\_

Details of action taken:

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### SECTION 5 – MEDICAL RESPONSE (If Applicable)

Name of First Aider / Medical Staff: \_\_\_\_\_

Treatment Provided:

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Ambulance Required:  Yes     No

Time Ambulance Requested: \_\_\_\_\_ Time Ambulance Arrived: \_\_\_\_\_

### SECTION 6 – POLICE / EMERGENCY SERVICES INVOLVEMENT

Police Contacted:  Yes     No

Officer Name / Badge No: \_\_\_\_\_

Incident / CAD Reference Number: \_\_\_\_\_

Details:

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## SECTION 7 – WITNESSES (If Applicable)

Witness 1 Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_ Contact: \_\_\_\_\_

## SECTION 8 – SAFEGUARDING (If Applicable)

Safeguarding Related:  Yes  No

Child  Vulnerable Adult

Details:

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## SECTION 9 – FOLLOW-UP ACTION REQUIRED

None  Review by Event Control  Report to Organising Committee  Insurance Notification

Safeguarding Review  Police Follow-Up  Other: \_\_\_\_\_

Follow-Up Details:

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## SECTION 10 – REPORTING OFFICER DETAILS

Name: \_\_\_\_\_

Role:  Event Marshal  Security  Medical  Event Control  Volunteer  Other

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2026

Time Submitted: \_\_\_\_\_

## DATA PROTECTION NOTICE

All information collected in this form will be processed in accordance with UK GDPR and Data Protection legislation. Records will be securely stored and retained only for as long as necessary for legal, safeguarding, or insurance purposes.