



# ACCIDENT/ INCIDENT REPORT

Report No

To be completed by the Club

## IMPORTANT – ALL ACCIDENTS/ INCIDENTS MUST BE REPORTED

- Please PRINT or TYPE all details. If there is insufficient space please attach additional information, sketches etc.
- This report must be completed, **signed** and given to the Secretary within **24 hours** of an accident/ incident or near miss occurring.
- This report is **CONFIDENTIAL** and information provided is protected by the Privacy and Personal Information Protection Act 1998 (VIC), and the Health Records and Information Privacy Act 2002 VIC) however you should be aware that P&DARCS may distribute a copy of the report to relevant parties for the purpose of investigation. Please contact the Secretary should you require further information.

### Details of injured person

Title: ..... First Name: ..... Last Name: .....

Residential Address: .....

Is person: Member  Visitor  Gender: Male  Female

Date of Birth: .....

Telephone: Home ..... Work .....

Date Occurred: ..... Time Occurred: ..... am/pm Location: .....

Nature of Accident/ Incident or Injury (eg laceration, sprain, near miss, vehicle accident): .....

Area of Damage/ Part of Body Injured (eg none, right leg, crumpled car bumper): .....

State exactly how accident/ incident occurred: .....

Returned to Work/Study	
Yes	No

First Aid Only	
Yes	No

Attended Doctor	
Yes	No

Attended Hospital	
Yes	No

If No - Date Stopped
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Name of First Aider
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Name of Doctor
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Name of Hospital
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Details of Treatment (eg ice applied): .....

(Should the illness/ injury worsen please forward an updated Accident/ Incident Report Form)

Witness/s: Name .....

Address .....

Phone No .....

Details of Hazards: .....

Person Completing Report (print name)

Signature

Date