INCIDENT REPORT

4WD VICTORIA:

Site/Venue of accident:
Exact location overleaf....

Address:

Phone: **Fax No:** **Email:**

Contact Person: **Date of Accident:**

Time of Accident: **Vehicles Involved** ❑ own ❑ hired

Weather conditions:

Trip Leader member(s) in charge of and/or supervising injured party: **Numbers under supervision:**

INJURED PERSON DETAILS:

Name:

Address:

Phone: **Date of Birth:** **Experience in activity**

Beginner/moderate/experienced

ACCIDENT OCCURRED WHILE:

❑ Driving on road ❑ Walking ❑
❑ Driving on track ❑ Working at ❑ If other please detail

INJURY LOCATION:

❑ Head (Skull, Face, Jaw, Ears) ❑ Eyes ❑ Neck
❑ Trunk (Chest, Abdomen, Buttock, Pelvis) ❑ Spine ❑ Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)
❑ Leg (Hip, Thigh, Knee, Ankle, Foot, Toe) ❑ Internal ❑ If other please detail

INJURY SEVERITY:

❑ First Aid (Continued activity) ❑ First Aid (Went home) ❑ First Aid (sought medical attention after leaving)
❑ Ambulance ❑ Doctor's or Dental Treatment ❑ Hospital Treatment (Admittance)
❑ Fatal ❑ Other (please detail)

INCIDENT REPORT

WITNESS DETAILS:

Name:

Address:

Phone(s) | **Date of Birth:**

- ❑ 4WD member
- ❑ Volunteer / Other driver
- ❑ Other (specify)

ACCIDENT SUMMARY	Description of accident, exact location, observations of signs and symptoms of injuries, treatment and follow up; include times and names of those involved in treatment at all stages.

Signed | **Date:**

- ❑ Pictures taken and attached
- ❑ Other Incident Reports attached