



# PINEWOOD COMBINED PROBUS CLUB

Registered Club No. N9004052

Attachment 4

## ACCIDENT / INJURY / INCIDENT REPORT

Tick one. Accident ..... Injury ..... Incident .....	
Date of Accident / Injury / Incident ..... Time of Accident / Injury / Incident .....	
Location of Accident/ Injury/ Incident. ..... .....	
Number of Persons present at Meeting / Activity / Outing / Tour .....	
Describe the activities of all parties involved at the time of the Accident / Injury / Incident. ..... ..... ..... .....	
Cause of Accident / Injury / Incident. ..... ..... .....	
Number of Persons Injured (if applicable) .....	
Was the Ambulance Service called? Yes ..... No ..... Were the Police notified? Yes ..... No ..... If yes by Whom ? ..... At what time ? .....	
Name of Ambulance Officer in charge of treatment.....	
Name of Police Officer in attendance..... Police Station .....	
Accident / Injury / Incident first reported to. Name..... Position within the Club..... Home Address ..... Post Code .....	
Home Phone (     ) ..... Mobile Phone .....	
Date Reported..... Time report made.....	
If any significant delay in reporting event please state reasons ..... .....	
Witnesses to Accident / Injury / Incident (at least two required)	
Name.....	Name.....
Address .....	Address .....
.....	.....
Post Code .....	Post Code.....
Telephone .....	Telephone.....
Mobile .....	Mobile.....
Accident / Injury / Incident referred to .....for investigation/report into cause and subsequent action on (date) .....	

Name of injured person/claimant: \_\_\_\_\_

Is this person a Probus Club Member: \_\_\_\_\_ (YES/NO)

Details of injury/claim:

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Name of injured person/claimant: \_\_\_\_\_

Is this person a Probus Club Member: \_\_\_\_\_ (YES/NO)

Details of injury/claim:

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NOTES:

1. SUPPLY DETAILS AS NECESSARY FOR EACH PERSON AFFECTED – USE SEPARATE SHEET(S) IF REQUIRED.
2. DRAW SKETCH OF ACCIDENT/INCIDENT (IF APPROPRIATE) BELOW:-