



Probus

Probus Injury Accident Report

Probus Club Name Inc.

Club Number Inc. Number

Accident.....Injury.....Incident..... (please tick one)

Date of Accident / Injury / Incident.....

Time of Accident / Injury / Incident.....

Location of Accident / Injury / Incident

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Number of Persons present at Meeting/Activity/Outing/ Tour

Describe the activities of all parties involved at the time of the Accident/Injury/Incident

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Cause of Accident/Injury/Incident

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Number of Persons Injured (if applicable).....

Was the Ambulance Service called? (please circle) Yes No

Was the Police notified? (please circle) 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.....

If any significant delay in reporting event please state reasons

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Witnesses to Accident/Injury/Incident (at least two required)

Name.....
Address..... Post Code.....
Telephone..... Mobile.....

Name.....
Address..... Post Code.....
Telephone..... Mobile.....

Accident / Injury / Incident referred to.....for
investigation into cause and subsequent remedial action on (date).....

Name of injured person(s) (1)

Details of injury:

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Name of injured person(s) (2)

Details of injury:

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