



Probussouthpacific Injury Accident Report

Probussouthpacific Club Name Inc.

Club Number Inc. Number

Was this an ---> Accident ____ Injury ____ Incident ____ (please tick one)

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

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)

Name of injured person (1) Details of injury:

.....
.....

Name of injured person (2) Details of injury:

.....
.....

Add Attachment if Necessary

(Next Page)...>



PROBUS SOUTH PACIFIC LIMITED

ACTIVE RETIREES™ – Friendship, Fellowship and Fun

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

Name of Police Officer in attendance

Police Station.....

Accident/Injury/Incident first reported to:

Name Signature

Position within the Club

Home Address

Post Code Home Phone () Mobile.....

Date Reported Time

If any significant delay in reporting the event please state reasons

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

(1) Name.....

Address

Post Code Home Phone () Mobile.....

(2) Name

Address

Post Code Home Phone () Mobile.....

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

Further Comments:

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(Add Attachment if necessary)

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