

Incident Report Form

Group Details

Name of Gathering/Event

Trip Leader/s Name/s

Address

Postcode

Phone

Home

Work/Mobile

Incident Details

Name of Casualty

Date of Incident

Place of Incident

Time of Incident

Description of Incident *

Action taken by Trip Leader

Was medical attention sought? Yes No

Name of doctor/hospital

Action taken by medical assistance (eg. GP, ambulance) Please describe

If a hazard, has the local council or management organisation been informed? Yes No

Were there any witnesses to the incident? *

Yes No

Please attach witness statement/s

Witness Name

Witness Name:

Witness Name

Further action required? Yes No If yes, what action is required?

Signature

Date

Please forward completed Incident Report immediately to:

The Secretary
Kedron Owners Group
PO Box 534
Malanda Qld 4885

* Please attach photographs
and witness statement/s