



KEDRON OWNERS GROUP INC.

Incident Report Form

Group Details

Name of Gathering/Event:

Trip Leader/s Name/s:

Address

Postcode

Phone

Home

Work/Mobile

Incident Details

Name of Injured Person

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 is a problem, 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
3 McCartney Court
Cashmere Qld 4500