

Incident Report Form

SECTION 2 Where there is more than one (1) person or piece of equipment/property involved, A separate Claim Form must be completed for each occurrence.

THE INJURED PERSON

SURNAME **FIRST NAME**
DATE OF BIRTH / / **GENDER** Male Female
EMERGENCY CONTACT NUMBER
NAME **4X4 EXPERIENCE**

TREATMENT

FIRST AID YES NO *If yes date of treatment*
Time of treatment
SENT TO HOSPITAL YES NO *If yes by whom*
OTHER (Please describe)

FIRST AIDERS DETAILS

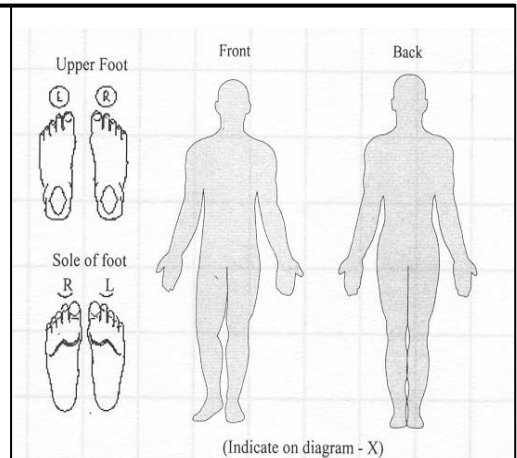
SURNAME **FIRST NAME**

TREATMENT GIVEN

TYPE OF INJURY PART OF BODY (You may tick more than one)

- | | | | |
|---------------------|-----|-----------------------------|-----|
| Multiple | () | Eye | () |
| Bruise | () | Ear | () |
| Foreign Body | () | Face | () |
| Puncture | () | Back | () |
| Amputation | () | Head (not eye, ear or face) | () |
| Crush Injury | () | Shoulders & Arms | () |
| Animal/Insect | () | Hands & Fingers | () |
| Internal | () | Feet & Toes | () |
| Laceration/Abrasion | () | Internal Organs | () |
| Strains/Sprains | () | Neck | () |
| Dental | () | Multiple Locations | () |
| Twist | () | | |
| Burn | () | Hips & Legs | () |
| Other | () | Other | () |

Trunk (not back or internal organs) ()





The Motley Crew 4wd and Social Club of Australia



Incident Report Form SECTION 3

WHAT PROPERTY/EQUIPMENT/ENVIRONMENT WAS DAMAGED OR LOST?

REGISTRATION IDENTIFYING DETAILS

DESCRIPTION OF DAMAGE

ESTIMATED REPAIR OR REPLACEMENT COST

\$	
----	--

INCIDENT DETAILS (Describe what happened)

IF APPLICABLE DESCRIBE DAMAGE TO THIRD PARTY PROPERTY/EQUIPMENT/ENVIRONMENT

THIRD PARTY DETAILS

NAME

--

ADDRESS

--

STATE & P/CODE

--

PHONE No

--

IF POLICE WERE CONTACTED

NAME & No

	/
--	---

STATION

--

PHONE No

--

Use the **back of this page** to draw a diagram or plan of how the incident occurred.
Give all relevant information, including the names and addresses of all witnesses.



The Motley Crew 4wd and Social Club of Australia



Incident Report Form

SECTION 4

To be completed by the Investigation Team

NOTE: *The Investigation Team is aimed at identifying causes, not attributing blame.
All Investigating personnel should be made up of club and committee members
experienced in 4X4 driving techniques,*

NAME POSITION

NAME POSITION

NAME POSITION

FACTORS THAT MAY HAVE CONTRIBUTED TO THIS INCIDENT (May be more than one)

- | | | | |
|--------------------|-----|-------------------------------|----------------------|
| FAULTY EQUIPMENT | () | WEATHER CONDITIONS | () |
| MECHANICAL FAILURE | () | INADEQUATE SUPERVISION | () |
| ELECTRICAL FAILURE | () | INADEQUATE INSTRUCTIONS | () |
| POOR MAINTENANCE | () | LACK OF EXPERIENCE | () |
| POOR PLANNING | () | LACK OF TRAINING | () |
| ACCESSIBILITY | () | FAILURE TO FOLLOW INSTRUCTION | () |
| SPEEDING/HURRYING | () | | |
| FATIGUE | () | OTHER: | <input type="text"/> |

ADDITIONAL DETAILS (If necessary produce diagram below or on the back of this sheet)

--

RECOMMENDATIONS TO PREVENT RECURRENCE

NAME SIGNATURE DATE / /

