**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**  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |
| **Number of Persons present at Meeting/Activity/Outing/ Tour** ……………………... |
| **Describe the activities of all parties involved at the time of the Accident/Injury/Incident**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Cause of Accident/Injury/Incident**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **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**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **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:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Name of injured person(s) (2)** ………………………...………………………..……………………………………….

**Details of injury:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………