**Probus Injury Accident Report**

**Probus Club Name Inc.** ………………………………………………………………………………

**Club Number** …………………........................ **Inc. Number** ……………………………………..

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| --- |
| **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:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………