**Accident / Incident Report**

*To be completed by the Trip Leader – Complete one form per person injured*

Date of Incident: …………………………………………………….Time:……………………..….

Reported to Trip Leader by: …………………………………………………………………..……

Name of Injured Person: ……………………………………………………………………………

Where did accident / incident occur? ……………………………………………………………...

…………………………………………………………………………………………………………

Nature of accident / Incident: ……………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Type / nature of injury: ……………………………………………………………………………...

…………………………………………………………………………………………………………

Treatment Offered / Provided: …………………………………………………………………….

Who treated the injured person? …………………………………………………………………..

Does injury require further treatment? Yes □ No □

If yes give details: ……………………………………………………………………………………

…………………………………………………………………………………………………………

Name of any other person/s injured in accident / incident: ……………………………………..

…………………………………………………………………………………………………………

Any other relevant information: …………………………………………………………………….

…………………………………………………………………………………………………………

Reported to Club on: Date…………………. Time:.…………………… am / pm

Name of Trip Leader: …………………………………..Signature: …………………………….

Received by Club Official on: Date…………………. Time:.…………………….am / pm

Name of Club Official: …………………………..…… Signature…………………………….….

Copy to be kept on file by SE4WDC.