



PROBUS SOUTH PACIFIC LIMITED

ACTIVE RETIREES™ – Friendship, Fellowship and Fun

Probud Injury Accident Report

Probud Club Name Inc. Probud Club of Templestowe Valley

Club Number 58457 Inc. Number AOO45497

Was this an ---> Accident ____ Injury ____ Incident ____ (please tick one)

Date of Accident / Injury / Incident Time

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)

Name of injured person (1) Details of injury:

.....
.....

Name of injured person (2) Details of injury:

.....
.....

Add Attachment if Necessary

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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

Name of Police Officer in attendance

Police Station.....

Accident/Injury/Incident first reported to:

Name Signature.....

Position within the Club

Home Address

Post Code Home Phone () Mobile.....

Date Reported Time

If any significant delay in reporting the event please state reasons

.....
.....
.....

Witnesses to Accident/Injury/Incident (at least two required)

(1) Name.....

.

Address

Post Code Home Phone () Mobile.....

(2) Name

..... Address

.....

Post Code Home Phone () Mobile.....

Accident / Injury / Incident referred to for
investigation into cause and subsequent remedial action on (date)

Further Comments:

.....
.....

(Add Attachment if necessary)

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