



PROBUS SOUTH PACIFIC LIMITED

ACTIVE RETIREES™ – Friendship, Fellowship and Fun

Probussouthpacific Injury Accident Report

Probussouthpacific Club Name Inc.

Club Number Inc. Number

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

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

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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