

# Accident and Incident Report

Name of person filling in this form

Role/Position

Contact Number

Email Address

Witness Name

Witness Contact Number

Witness Email Address

## Incident Details

Date Time

Address/Location

Description of Incident

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What immediate actions were taken?

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Was there an injury as a result of this incident? Yes/ No, If YES:

Name of Injured Person

Address of Injured Person

Contact Details of Injured Person

Role

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What first aid/medical care was provided (if any)?

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Was there property damage as a result of this incident? Yes/No, If YES:

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Was there vehicle damage as a result of this incident? Yes/No, If YES:

Registration Number

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Details of Damage

#### Declaration

I certify the details provided are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Disclaimer:** This publication is not legal advice. The ideas and procedures herein are based on nationally recognised good practice advice for Safe Ministry and have been written with due regard to Australian legislation March 2020. Legal advice may need to be sought when responding to individual incidents.