

INCIDENT REPORT FORM

Club: WEA Illawarra Ramblers Club

Activity: _____

Leaders Name: _____ **No on activity:** _____

Name of injured person: _____ **Age:** _____ **M/F**

Address: _____

Date of incident? _____ **Time of incident?** _____ **Weather?** _____

Location of incident: _____ **Map:** _____ **Grid Ref:** _____

How did the incident happen? _____

What were the injuries? _____

What first aid was administered? _____

Where did the casualty go to receive medical aid? _____

What time was medical aid received? _____

Name of doctor? _____

Witness 1: _____ **Phone:** _____

Witness 2: _____ **Phone** _____

Please post to The Secretary, Illawarra Ramblers Club PO Box 1231 Wollongong 2500