

Wanderers Bushwalking and Outdoors Club Inc

INCIDENT REPORT FORM

THIS FORM IS TO BE COMPLETED IN THE EVENT OF SOME INCIDENT OCCURRING WHICH MAY GIVE RISE TO A CLAIM SUCH AS SERIOUS INJURY, DEATH, DAMAGE TO THIRD PARTY PROPERTY OR LOSS OF POSSESSIONS.

DEFINITION OF SERIOUS INJURY – ANY INJURY REQUIRING MEDICAL ATTENTION

NAME OF INJURED PERSON OR PERSON SUFFERING LOSS:

Heather Russell

ADDRESS OF INJURED PERSON OR PERSON SUFFERING LOSS:

Nature of Incident:

Details of the Incident and Action Taken: .

Location:

Activity:

Leader:

Date: .

Details of Witnesses including names and addresses:

Signature of Leader:

Date: