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| **PARTICULARS OF ACCIDENT** | | | | | | | | | | | | | | **Page 1 of 2** | |
| Date of accident | | | Time: | | | Location: | | | | | | Date reported: | | | |
|  | | | | | | | | | | | | | | | |
| **THE INJURED PERSON** | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | **Address:** | | | | | | | |
| **Age:** | **Phone number:** | | | | | | |
| **TYPE OF INJURY** | |  Bruising | | |  Dislocation | | | |  Other (specify) | | | | Injured part of body | | |
|  Strain/sprain | |  Scratch/abrasion | | |  Internal | | | |  | | | |  | | |
|  Fracture | |  Amputation | | |  Foreign body | | | | Remarks | | | |  | | |
|  Laceration/cut | |  Burn scald | | |  Chemical reaction | | | |  | | | |  | | |
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| **DAMAGED PROPERTY** | | | | | | | | | | | | | | | |
| **Property/material damaged:** | | | | | | | **Nature of damage:** | | | | | | | | |
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|  | | | | | | | **Object/substance inflicting damage:** | | | | | | | | |
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| **THE ACCIDENT/INCIDENT** | | | | | | | | | | | | | | | |
| **Describe what happened (space overleaf for diagram – essential for all vehicle accidents)** | | | | | | | | | | | | | | | |
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| **What were the causes of the accident/incident?** | | | | | | | | | | | | | | | |
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| **HOW BAD COULD IT HAVE BEEN?**  ** Minor  Serious  Very Serious** | | | | | | | **HOW OFTEN IS THIS LIKELY TO HAPPEN AGAIN?**  ** Not often  Occasionally  Often** | | | | | | | | |
| **PREVENTION** | | | | | | | | | | | | | | | |
| **What action has or will be taken to prevent a recurrence? Tick items already actioned**  **Use space overleaf if required.** | | | | | | | | | | |  | **By whom** | | | **When** |
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| **Treatment and investigation of accident/incident** | | | | | | | | | | | | | | | |
| **Type of treatment given:** | | | | **Name of person giving first aid:** | | | | | | **Doctor/Hospital:** | | | | | |

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| **Accident/Incident investigated by:** | **Date** | **NZWS advised YES/NO** | **Date:** |

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| **THE ACCIDENT/INCIDENT** | **Page 2 of 2** |
| Clearly draw your diagram below – essential for all vehicle accidents. | |
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| **PREVENTION** | | | |
| **Additional actions taken to prevent a recurrence? Tick items already actioned.** | Tick | By whom: | When: |
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| **Additional incident, accident, injury or near miss notes:** | | | |
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