|  |  |
| --- | --- |
| **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 |  |  |
|  |
| **DAMAGED PROPERTY** |
| **Property/material damaged:** | **Nature of damage:** |
|  |  |
|  |  |
|  |  |
|  | **Object/substance inflicting damage:** |
|  |  |
|  |  |
|  |
| **THE ACCIDENT/INCIDENT** |
| **Describe what happened (space overleaf for diagram – essential for all vehicle accidents)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **What were the causes of the accident/incident?** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **Treatment and investigation of accident/incident** |
| **Type of treatment given:** | **Name of person giving first aid:** | **Doctor/Hospital:** |

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

|  |  |
| --- | --- |
| **THE ACCIDENT/INCIDENT** | **Page 2 of 2** |
| Clearly draw your diagram below – essential for all vehicle accidents. |
|  |

|  |
| --- |
| **PREVENTION** |
| **Additional actions taken to prevent a recurrence? Tick items already actioned.** | Tick | By whom: | When: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional incident, accident, injury or near miss notes:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |