st george community transport
supporting our community

Accident Injury Incident Report

This form is to be used to report any accident or incident that has, or may have, caused harm. Fill out as much of the form as you can.

PART A – must always be completed
PART B – must be completed if someone is hurt
PART C – must be completed if another vehicle is involved

PART A – Advise details of incident and involved parties

Incident Type			
INCIDENT TYPE		**PERSON CONCERNED**	
☐ Injury	☐ Property Damage	☐ Staff	☐ General Public
☐ Illness	☐ Near Miss	☐ Visitor	☐ Other :
☐ Threat / Security	☐ Death	☐ Service User	
☐ Vehicle	☐ WHS	☐ Volunteer	
☐ Assault	☐ Other		

1. Details of person completing form			
Person completing this form		Phone	
Person receiving report			
Person assigned to investigate			

2. Details of person concerned			
Full Name (Print)			
Phone		Mobile	

Please advise names and contact phone numbers of any other persons involved:

Please provide name & contact numbers of any witnesses

3. Description of Incident/ Injury/ Near Miss					
Date occurred		Time occurred		Date and time reported	
Did the accident / injury / incident occur	Onsite ☐	Offsite ☐	Moving Vehicle ☐		
Exact Location:					
Activity being performed at time of incident:					
Describe in full of what occurred: (*please attach an extra sheet if necessary*):					
Do you think there were contributing causes (e.g. autumn leaves on the footpath that made it slippery)?					
Do you think the accident / injury / incident could have been avoided?	Yes☐	No ☐			
If yes, what would need to have been done to avoid it.					
Sketch or provide any other information:					

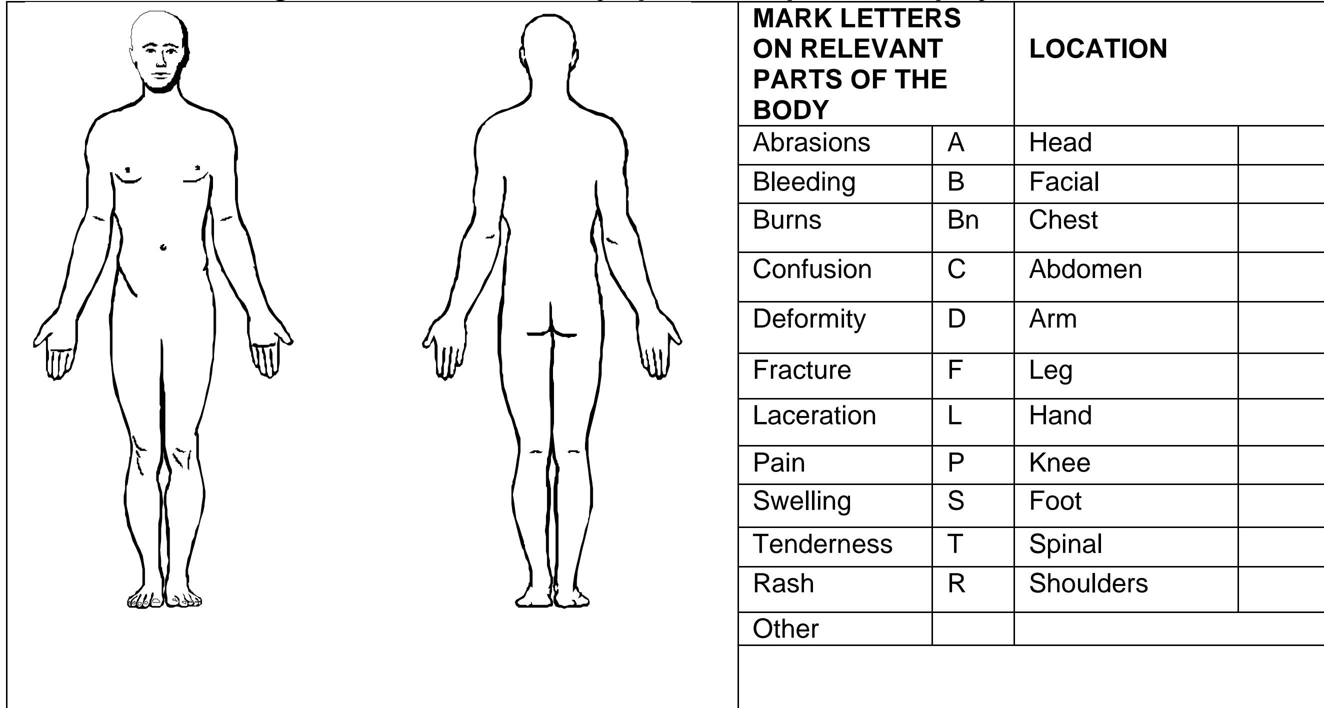
If you are ONLY completing Part A sign here otherwise continue to part B

Person competing report		Person receiving report	
Name		**Name**	
Signature		**Signature**	
Position		**Position**	
Date		**Date**	

PART B – To be completed ONLY when an Injury or Illness has occurred

1. Details of person concerned			
Full name:		Phone	
Nature of Injury / Illness			
Mental State at time of injury/illness			

Please mark on diagram where and what symptoms the person displayed



MARK LETTERS ON RELEVANT PARTS OF THE BODY		**LOCATION**	
Abrasions	A	Head	
Bleeding	B	Facial	
Burns	Bn	Chest	
Confusion	C	Abdomen	
Deformity	D	Arm	
Fracture	F	Leg	
Laceration	L	Hand	
Pain	P	Knee	
Swelling	S	Foot	
Tenderness	T	Spinal	
Rash	R	Shoulders	
Other			

2. OBSERVATIONS AND ASSESSMENTS		
CONSCIOUS	**BREATHING**	
☐ Alert	☐ Rapid	☐ Wheeze
☐ Confused	☐ Slow	☐ Gasping
☐ Unconscious	☐ Shallow	☐ Unremarkable
☐ Giddy	☐ Absent	
☐ Drowsy		

REFEERED To:	☐ Hospital in Ambulance	☐ Driven to Hospital	☐ Driven to Doctor
Was First Aid provided?	☐ Yes	☐ No	
Person providing First Aid (name)			
Assessment (Describe the injury/symptoms you observed, and the actions taken)			

3. HISTORICAL INFORMATION			
Other Signs & Symptoms (incl. past medical history if known):			
Their GP's Name			
If Not seen by their GP – name of GP the person saw			
Date they saw GP		Time they saw GP	
Is it a recurring injury ?	☐ Yes ☐ No		
If Yes, date of previous injury			
Other comments (Outcome of Consultation)			

4. NOK details					
Next of Kin Notified	☐Yes ☐ No	Date		Time	
How?					
Who Was Notified		Relationship			
What did the person notified do?					

If you are only completing Part A & B sign here otherwise continue to part C

Person completing report		Person receiving report	
Name		**Name**	
Signature		**Signature**	
Position		**Position**	
Date		**Date**	

PART C - To be completed ONLY when vehicle involved

1. Were the Police called?					
☐ Yes ☐ No	Date:		Time:		
Who called them:		Which Station			
Who was spoken to?					
Name of Police Officer who attended:					

2. Our vehicle and Driver details			
Name of Driver with our service:		Vehicle Rego:	

3. Other Vehicle and Driver details			
Name of other driver (driver No 1)			
Driver 1's street address			
Phone		Mobile	
Licence No (Driver 1)		Vehicle Rego (Driver 1)	
Insurance details (driver 1)		Vehicle Model (Driver 1)	
Description of Driver 1's Vehicle (make, colour and identifying features)			

Name of other driver (driver No 2)			
Driver 2's street address			
Phone		Mobile	
Licence No (Driver 2)		Vehicle Rego (Driver 2)	
Insurance details (driver 2)		Vehicle Model (Driver 2)	
Description of Driver 2's Vehicle (make, colour and identifying features)			

4. Action Taken		
Please select from list any action that was taken by staff or other present	☐ Verbal redirection ☐ Called Ambulance ☐ Given First Aid ☐ Physically removed ☐ Restrained	☐ Called Police ☐ Sent to Hospital ☐ Sent to Doctor ☐ Consulated Supervisor
Describe action taken including strategies to minimise further incident:		

Please sign below if Part C has also been completed

Person completing report		Person receiving report	
Name		**Name**	
Signature		**Signature**	
Position		**Position**	
Date		**Date**	