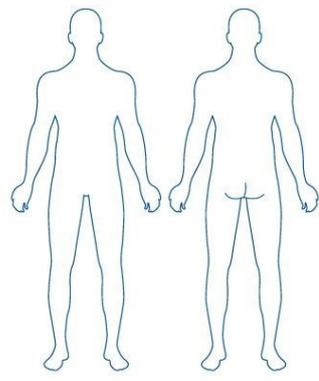


# Incident Report

## 1. General information

Seriousness of incident: accident _____ near accident _____ other _____		
Date of incident _____	reported by _____	tour leader _____ name of tour _____
Place of incident _____	GPS co-ordinates: N _____ and W _____	
Description of incident		
Actions taken by leader		

## 2. Personal information — Please note that one form should be used for each person

Name of passenger _____	tel. no. _____	email _____
Description of injury		
Please indicate the position of injuries on the drawings provided:		
Was the person transferred to hospital?	yes _____ no _____	
Person involved refused hospital treatment	yes _____ no _____	
Transported by ambulance?	yes _____ no _____	
Any other type of transport?	_____	
Were the police called to the scene?	yes _____ no _____	
Other rescue teams involved, which?		

### 3. Passengers

Were any other group members in need of trauma support? yes \_\_\_\_\_ no \_\_\_\_\_  
Was trauma support offered? yes \_\_\_\_\_ no \_\_\_\_\_ Passengers declined \_\_\_\_\_  
Other actions taken concerning passengers

Witnesses to the accident:

Name \_\_\_\_\_ tel. no. \_\_\_\_\_ email \_\_\_\_\_ nationality \_\_\_\_\_

Name \_\_\_\_\_ tel. no. \_\_\_\_\_ email \_\_\_\_\_ nationality \_\_\_\_\_

Name \_\_\_\_\_ tel. no. \_\_\_\_\_ email \_\_\_\_\_ nationality \_\_\_\_\_

### 4. Organisation

Were directors of the company notified? Who? \_\_\_\_\_

Time of notification \_\_\_\_\_

Was the insurance company notified about the incident? yes \_\_\_\_\_ no \_\_\_\_\_

Other details which must be noted

\_\_\_\_\_  
Signature of person filing in the report

\_\_\_\_\_  
Signature of tour leader, if other

Actions taken in the wake of the incident, if any: