



U3A Ipswich & West Moreton Inc
ABN 23 186 788 461
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Booval Qld 4304
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Email: contact@u3aipswich.org.au
Web: www.u3aipswich.org.au

ACCIDENT OR INCIDENT REPORT FORM

Personal details of injured or impacted person

| | |
|-------------------------|----------------|
| Name of injured | |
| Is this person a member | Yes / No |
| Address of injured | |
| Phone # | |
| Email: | |

Accident / incident details

| | |
|------------------------------|--|
| Date of incident or accident | |
| Time of incident | |
| Location | |

Nature of injury if any

| |
|--|
| |
| |
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| |

How the accident / incident happened

| | |
|-------------------------|----------|
| | |
| | |
| | |
| | |
| Did an ambulance attend | Yes / No |

What treatment was administered, if any

| |
|--|
| |
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| |
| |

Name & contact details of person who administered treatment

| | |
|---------|--|
| Name | |
| Phone # | |
| Email | |

Next of kin or nominated ICE contact

| | |
|-------------------------|----------|
| Was anyone contacted | Yes / No |
| Name | |
| Relationship to injured | |
| Phone # | |
| Email | |

Any other details

| |
|--|
| |
| |
| |
| |

Form completed by

| | |
|---------|--|
| Date | |
| Name | |
| Phone # | |
| Email | |

Please email this completed form to the Secretary at contact@u3aipswich.org.au or by mail or hand delivery in a sealed envelope to U3A House 25 Eileen Street Booval, alternatively the President can be contacted directly, those contact details are on the website under “About Us”.