

ANGLICAN DIOCESE OF ADELAIDE

ACCIDENT / INCIDENT REPORT FORM

(use only for personal injury to a Third Party or for damage to Third Party property)
Copies to be sent to the Adelaide Diocese Office Fax. (08) 8305 9399

Parish / Entity:.....A.B.N.....

Address:Post Code.....

GST registration: Yes No

Date of Accident / Incident Time of Accident / Incident

Details of injured person involved:

Employee Volunteer Contractor Visitor

Name: Date of Birth: Sex: M / F

Injury Details:

Bodily location of injury

Nature of injury
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Was person hospitalised as a result of accident / incident? Yes No

Name of any witness(es)

Accident / Incident Details

Location of the Accident / Incident

What do you consider caused the Accident / Incident?

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Specify remedial action taken to prevent a recurrence:

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Third Party Property Damage details:

Particulars of loss or damage: **Date:** **Time:**

Location:.....

Full description (including cause):.....

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Specify remedial action taken to prevent a recurrence:

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Further Comments:

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Name:

Position:

Phone: **Fax:**

Email:

Signature: **Date:**