1. General information

Incident Report

|  |  |
| --- | --- |
| 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 lead**e**r |  |
|  |
|  |

1. 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? |

1. 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 |

1. 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: | |  |
|  | |
|  | |
|  | |
|  | |