

MINI CAR CLUB of AUCKLAND

ACCIDENT REPORT FORM



1. Particulars of Accident

Date of accident: DD / MM / YEAR

Time:

Location:

Date reported: DD / MM / YEAR

2. The Injured Person

Name:

Address:

Date of birth: DD / MM / YEAR

Phone number:

Description of Injury:

Comments:

3. Damaged Property

Property or material damaged:

Nature of damage:

Object/substance causing damage:

4. The Accident

Description:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

Minor Serious Very serious

How often is this likely to happen again?

Never Rarely Occasionally Often

Prevention:

What actions have or will be taken to stop another accident like this happening?

List action, person responsible, and date of actions.

5. Treatment and Investigation of Accident

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

Date: DD / MM / YEAR

Submitted to Committee for Review by:

Date: DD / MM / YEAR