



Accident/incident report form

www.kabc.wa.gov.au

Please print clearly and complete all details.

Return with a copy of the Volunteer Registration Form to:

Keep Australia Beautiful / Adopt-a-Spot Community Education Coordinator
Locked Bag 33, Cloisters Square, Perth, WA 6850.

Coordinator / Site Details

Name: _____ Contact number: _____

Date of activity: _____ Council area: _____

Site address: _____

Group or Organisation: _____

Accident/ Incident Details

Time: _____

Type of accident/ incident: _____

Body part injured: _____

Describe the accident/ incident identifying the cause:

Did the injury sustained relate to a pre-existing injury or medical condition? Y/N

If yes, was this condition disclosed on the Volunteer Registration Form? Y/N

Contact details of person involved

Full Name: _____

Age: _____ Male Female

Postal Address: _____

Contact Phone No.: _____

(If more than one person was involved in the accident/incident, please complete a separate sheet for each and attach)

Signed (Injured Party): _____

Did anyone witness the accident/ incident?

Y / N

If yes, please provide details.

Full Name: _____

Postal Address: _____

Contact Phone No.: _____

Was the accident/ incident reported to anyone?

Y / N

If yes, to whom?

Full Name: _____

Organisation: _____

Position: _____

Postal Address: _____

Contact Phone No.: _____

Action taken: _____

Signed (Site Coordinator): _____