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Who was involved ? What injuries / illness were suffered ? What property was damaged ?
(further details can be provided on a separate sheet if necessary)

Full Name :		Involved as :	
Email / Tel :		Next of Kin :	
Injury (or illness) :		Property Damage :	

First Aid Treatment Provided : *(state if 'none given' / 'refused')* / **Referred to :** / **Recommendations :**

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Full Name :		Involved as :	
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Injury (or illness) :		Property Damage :	

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Full Name :		Involved as :	
Email / Tel :		Next of Kin :	
Injury (or illness) :		Property Damage :	
First Aid Treatment Provided : <i>(state if 'none given' / 'refused')</i> / Referred to : / Recommendations :			

Witnesses *(please provide full details of all witnesses. Further details can be provided on a separate sheet if necessary)*

Full Name :		Involved as :	
Address :		Postcode :	
Email / Tel :			

Full Name :		Involved as :	
Address :		Postcode :	
Email / Tel :			

Additional Information *(please provide any further information that you feel may be useful if the incident needs to be investigated)*

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Reported by :			
Print Name :		Signed :	
Position / Role :		Date :	
Email / Day Tel. :			

This incident form should be sent to the QMTBC Health & Safety Representatives as soon as possible. Please email this form to:
bikers@queenstownmtb.co.nz

For urgent contact please call the QMTBC Health & Safety Representatives:

Fraser Gordon (President): 027 648 3783

Bruce McLeod (Treasurer): 027 418 2104

Courtenay Jamieson (Club Secretary): 027 346 0478