

Investigation Report Form

(For Completion Confidentially After Incident)

This form is not to be given to anyone outside PCNSW.

CHURCH/SCHOOL/COMMITTEE:

Name of Injured Person (if Third Party did not give name - provide description):

1. **WHAT DID YOU SEE?** (If you attended the accident / incident scene)

2. **WHAT DID THE INJURED PERSON SAY?** (Details of incident)

3. **DID THEY SEE WHAT CAUSED THE ACCIDENT / INCIDENT?**

IF THE ACCIDENT / INCIDENT INVOLVED THE PHYSICAL ENVIRONMENT or a PHYSICAL INJURY please complete the following:

4. **DID THE PERSON APPEAR TO BE UNDER INFLUENCE OF ALCOHOL/DRUGS?** Yes No

5. **WERE THEY WEARING GLASSES?** Yes No

6. **USING A CANE / CRUTCHES?** Yes No

7. **DESCRIBE SHOES**

8. **DESCRIBE CLOTHING**

9. **WHAT WAS THE PERSON CARRYING?**

10. **WEATHER CONDITIONS**

11. **CROWD DENSITY**

12. **LIGHTING CONDITIONS**

13. **ANY OTHER RELEVANT INFORMATION** (i.e. warning instructions prior to accident, safety equipment etc):

