

Public & Products Liability - Investigation Report Form

(For Completion Confidentially After Incident)

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

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):

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14. WAS THE AREA INSPECTED WHERE THE ACCIDENT / INCIDENT OCCURRED? Yes No
IF NO, WHY NOT?

15. IF YES, DESCRIBE WHAT CAUSED THE ACCIDENT / INCIDENT:

16. DESCRIBE ACTION TAKEN TO ADDRESS THE CAUSE (If any)

17. EXACT TIME AREA WAS LAST CLEANED/INSPECTED: (Prior to accident / incident)

18. NAME OF PERSON WHO LAST CLEANED/INSPECTED:

19. REMARKS: (any additional information)

20. PLEASE PROVIDE PHOTOS OF THE INCIDENT AREA Yes No

21. ANY CCTV OR OTHER FOOTAGE AVAILABLE Yes No

22. ANY OTHER ATTACHEMENTS (Please circle)

MEDICALS REPORTS / RECEIPTS? / DEMANDS / WITNESS STATEMENTS / OTHER (Please specify)

23. PLEASE RETAIN ANY RELEVANT OR OFFENDING OBJECTS WHICH CONTRIBUTED TO ACCIDENT / INJURY (Please detail)

24. PLEASE ATTACH ALL CORRESPONDENCE FROM THIRD PARTIES OR THEIR SOLICITORS

REPORT COMPLETED BY -

NAME (& position): _____

SIGNATURE: _____ **DATE:** _____

CHURCH/SCHOOL/COMMITTEE: _____

ABN NO: _____

PHONE: _____ **EMAIL:** _____

This Investigation Report Form together with the Incident Report Form should also be completed and faxed (02) 9310 2679 or mailed to the Insurance Department, Presbyterian Church Offices.

