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|  | **Wiltshire RoADAR Incident Report**In the event of an incident resulting in an injury requiring medical treatment during a Wiltshire RoADAR event. Please provide the following information to the Chairman and Secretary as soon as possible. **This should be within 24 hours**.  |
| **Date and Time** | **Location** |
| **Names of injured parties** | **Status of Injured Parties**  (Mem) (Assoc) (Tutor) or Member of Public (MoP) | **Severity of injuries** | **Bike Car LGV PSV****Make Model****Reg. number** |
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|  |  |  |  |
| **Form filled in by** | **Status** | **Phone no** | **Email address** |
|  |  |  |  |
| **Police attended?****Police reference number** | Details (name rank etc. If possible) |
| **Ambulance(s) attended?** | Details |
| **Fire Brigade attended?** | Details |
| **Hospital(s) used for** **injured parties** | Details |
| **Any involvement with next of kin and contact details** |  |
| **Wiltshire RoADAR Contacts** |
| Chairman@wiltshireroadar.co.uk | 07711 574215 |
| Secretary@wiltshireroadar.co.uk | 07505 799418 |
| **Brief Synopsis of Incident**. Continue on reverse if necessary & include any other vehicles involved |
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