|  |  |  |  |
| --- | --- | --- | --- |
|  | **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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](mailto:Chairman@wiltshireroadar.co.uk) | 07711 574215 | | |
| [Secretary@wiltshireroadar.co.uk](mailto:Secretary@wiltshireroadar.co.uk) | 07505 799418 | | |
| **Brief Synopsis of Incident**. Continue on reverse if necessary & include any other vehicles involved | | | |
|  | | | |