



Victorian Climbing Club Incorporated
ABN 99 197 923 160 Registration Number: A7284Z
GPO Box 1725, MELBOURNE VIC 3001
Phone: 0419 563 733
Email: info@vicclimb.org.au
Web: www.vicclimb.org.au

Accident Report Form

Form Instructions

This Form is to be completed by the Trip Leader - Please print all information -

Send too VCC Trip Coordinator once all information has been obtained - Attach the VCC Trip Register

Trip Leaders Full Name and Contact Details	Date and Time of Accident:
Injured Persons Full Name Age and Contact Details	Location of Accident
Eye Witness One Full Name and Contact Details	Category of Activity: (Please Circle) Lead Climbing – Mountaineering – Bouldering – Top Roping – Descending – Rappelling -Other
Eye Witness Two Full Name and Contact Details	Action Taken at Scene of accident: (Please Circle) First Aid – Hospitalisation - Other
Eye Witness Three Full Name and Contact Details	Emergency Services Attended Accident: (Please Circle and give details of attending member) Ambulance – Police – Doctor – SES – CFA - Other
Eye witness account: (Please give your full name and contact details)	