

DSMRA Incident Report Template

Note this form is to be completed for all incidents and passed to the ride coordinator or branch/area coordinator. Please print clearly.

Name and role of person completing this form:

Signature of person completing this form:

Date:

Incident

Date and time of incident:

Name/s of person/s involved in the incident:

Description of incident:

(Attach another page if required)

Actions Taken (include by whom):

Nominated Emergency
Contact Notified

Y

N

Include where the individual was taken for treatment, and any property obtained/held for safe keeping.

Witnesses (include contact details):

Reporting of the incident *this report form is to be submitted to the ride-coordinator and a copy sent to committee@dsmra.asn.au*

Incident Reported to (full name):

Date:

How (this form, in person, email, phone):

Follow Up Action

Description of actions to be taken:

**Incident/Injury
First on Scene**

D - Danger

R - Response

S - Send for Help

A - Airway

B - Breathing

C - CPR

D - Defibrillation

Make Safe

Take immediate steps to prevent further injury to casualty, self, participants or responders.

Seek assistance if needed and others are available.

Do not remove helmet or protective apparel unless necessary.

**Advise Ride
Coordinator**

Ride Coordinator/lead to take control of response.

Ride Coordinator/lead to determine course of action.

**Commence
Recovery**

Guide First Aid/Ambulance to incident location.

Assist ambulance as required.

Secure any property

Report

Complete DSMRA Incident Report Form.

Inform Branch Coordinator

Inform National President

Followup

Followup with casualty/family

Return any property held.

Review

Review Incident

Review Response

Review Followup