



TEMPORARY MEMBER / VISITOR - TRIP PARTICIPANT FORM

This form should be completed for all club trips when a temporary member or visitor driving his / her own vehicle attends a Club trip. Submit the completed and signed form to the Trip Leader.

TRIP: _____ DESTINATION: _____

DATE/S: _____ TRIP LEADER: _____

TEMPORARY MEMBERSHIP / VISITOR FEE \$ _____ for one trip.

TEMPORARY MEMBER / VISITOR INFORMATION

NAME: _____

ADDRESS: _____ POSTCODE: _____

PHONE NUMBERS: _____

PASSENGERS: _____

VEHICLE MAKE: _____ MODEL: _____

REGISTRATION: _____

PERSONAL DETAILS: Complete and sign separate Personal Details Form – hand over to Trip Leader

- 1) As a temporary member/visitor you are representing the _____ 4WD Club and are expected to abide by our Rules and By-laws. If you are not familiar with our Rules or By-laws please ask the Trip Leader to explain them or give you a copy to read.
- 2) If you are not confident or do not wish to attempt any part of an event, it is your responsibility to inform the Trip Leader.
- 3) In the event of vehicle recovery, it is the vehicle owner's responsibility to approve recovery attachment points, and where safe, to perform the attachment.
- 4) Safe driving practices must be adhered to at all times.
- 5) Please check your vehicle insurance to ensure it has the appropriate level of cover.
- 6) Whilst on a Club trip you are covered by the club's public liability insurance.
- 7) Visitors may attend no more than _____ trips / events as a Temporary Member / Visitor prior to joining the Club.

Acknowledgement

I agree to abide by the _____ Club's Rules & Bylaws and the directions of the Trip Leader.

Signature: _____ Date: _____



PERSONAL DETAILS FORM

The details below are very important in the event of an accident or personal injury. Please fill in correctly and completely.

NAME: _____

ADDRESS: _____ POSTCODE: _____

PHONE NUMBERS: _____ D.O.B. _____

NEXT OF KIN NAME
(Not on Trip): _____

ADDRESS: _____ POSTCODE: _____

PHONE NUMBERS: _____ Relationship: _____

DOCTOR NAME: _____

ADDRESS: _____ PHONE: _____

MEDICARE NO: _____ PRIVATE HEALTH INSURANCE: _____

AMBULANCE NO: _____ INSURER: _____

BLOOD TYPE: _____ MEMBER NO: _____

Do you want to be treated as a Private Patient? Y / N (Please Circle)
If NO, Private Health insurance details should not be passed to the authorities

MEDICATION: _____

KNOWN ALLERGIES: _____

OTHER: _____

This personal information form should be placed in a sealed envelope with your name on the front. The envelope should be carried in the vehicle along with envelopes for each person travelling in the vehicle. Please keep in the glove box or centre console.

Two (2) sealed copies should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.

Signature: _____ **Date:** _____



TRIP INCIDENT REPORT

This form is required to record any 'reportable incident' occurring during the trip. An incident can involve the Club group or the general public. Examples of 'reportable incidents' are: bodily injury, sexual harassment, any personal grievance, racial discrimination or property damage to vehicles or private property.

DATE & TIME OF REPORT: _____

SUBMITTED BY: _____ MEMBER NO: _____

CONTACT DETAILS _____ (If not a Club member)

DATE OF INCIDENT: _____

LOCATION: _____

DESCRIPTION OF INCIDENT: _____

WITNESS NAMES & ADDRESSES 1) _____

2) _____

3) _____

WITNESS STATEMENTS: _____

Signature: _____ Date: _____



ACCIDENT REPORT FORM

DATE & TIME OF REPORT: _____

SUBMITTED BY: _____ MEMBER NO: _____

TEL: _____ (W) _____ (AH) _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS: _____ MEMBER NO: _____

TEL: _____ (W) _____ (AH) _____

DATE & TIME OF INCIDENT: DATE: _____ TIME: _____

EXACT LOCATION: _____

(Street / Crossroads / Suburb) _____

WEATHER CONDITIONS: (Circle) FINE / RAIN / FOG / DRIZZLE / OTHER _____

TRAFFIC LIGHTS: RED / YELLOW / GREEN Facing me before I entered intersection

(Circle each if applicable) RED / YELLOW / GREEN Facing me as I entered intersection

RED / YELLOW / GREEN at the time of the collision

TRAFFIC SIGNS: (If applicable) _____

WHAT WAS THE SPEED OF THE FIRST VEHICLE BEFORE IMPACT? _____

WHAT WAS THE SPEED OF THE SECOND VEHICLE BEFORE IMPACT? _____

DESCRIBE THE ACCIDENT: _____



ACCIDENT REPORT FORM – Continued.

DETAILS OF OTHER VEHICLES

YOUR VEHICLE REG NO _____ MAKE _____ MODEL _____

DRIVER'S NAME _____

ADDRESS _____

TEL: (W) _____ (AH) _____

OWNER'S DETAILS NAME _____

ADDRESS _____

TEL: (W) _____ (AH) _____

2ND VEHICLE REG NO _____ MAKE _____ MODEL _____

ADDRESS _____

TEL: (W) _____ (AH) _____

OWNER'S DETAILS NAME _____

ADDRESS _____

TEL: (W) _____ (AH) _____

WITNESS - NAME _____

ADDRESS _____

TEL: (W) _____ (AH) _____

DIAGRAM OF ACCIDENT SCENE

If necessary, attach more details.



4WD ACCIDENT SURVEY FORM

Please complete or CIRCLE appropriate boxes – provide additional comments if necessary and forward completed form to club.

4WD CLUB REPORTING:

DATE & TIME OF INCIDENT: DATE: _____ TIME: _____

ACCIDENT LOCATION: _____

DRIVER AGE: _____ YRS DRIVER SEX: M / F INJURIES: Y / N

4WD DRIVER TRAINING: NIL / PROFICIENCY / ADVANCED / OTHER _____

MAKE OF VEHICLE: _____ MODEL: _____

OTHER VEHICLES INVOLVED: 4WD / 2WD / N/A / OTHER _____

SPEED ZONE: _____ KPH

AREA: METROPOLITAN / RURAL / OUTBACK / HIGH COUNTRY (Circle Appropriate)

ROAD/TRACK CONDITIONS: (Circle Appropriate)

INTERSECTION / DIVIDED ROAD / SEALED ROAD / GRAVEL ROAD

MUD / ROCK\SHALE / MARKED TRACK / UNMARKED TRACK

CURVE / WINDING ROAD / RUTTED / CORRUGATIONS / WATER CROSSING

ROADWORKS / OFF-CAMBER SECTION / STEEP SECTION / STRAIGHT SECTION

WEATHER CONDITIONS: (Circle Appropriate)

DRY / WET / RAINING / ICE\FROST / SNOW / STRONG WIND / DUST / GLARE

TYPE OF TYRES FITTED TO VEHICLE: (Circle Appropriate)

ROAD TYRES / ALL TERRAIN / MUD TERRAIN / OTHER _____

TYRE PRESSURE: _____ PSI _____ KPA

VEHICLE MODIFICATIONS: (Circle Appropriate)

BULLBAR FITTED / BODY LIFT / SUSPENSION LIFT / WINCH FITTED

DIFF LOCKS - REAR / DIFF LOCKS - FRONT

TYPE OF ACCIDENT: (Circle Appropriate)

SNATCH STRAP / WINCH / TOWING / DRIVER ERROR / MECHANICAL FAILURE / LOAD SHIFT

ADDITIONAL COMMENTS:



EMERGENCY PLANS - CHECK LIST

In planning a trip it is important to recognise that you are expected to return home on an appropriate date or time or to arrive at a particular destination when you say you will.

There are always other external parties that are affected by where we go and to this end it is important for all participants to know whom to contact for information when things go wrong or emergency contact is required to a trip participant.

NAME AND CONTACT DETAILS OF EXTERNAL PERSON (Ground Charlie):

NAME _____
ADDRESS _____
TEL: (W) _____ (AH) _____

TRIP ROUTE – what tracks will the trip use. Where appropriate provide marked-up maps.

REFUGE EVACUATION POINTS - list helipads and other area's such as football grounds or open areas.

CONTACT DETAILS.

POLICE – list major town police station number: _____

PARK RANGER/LAND MANAGER: _____

PRIVATE LAND OWNER NAME AND PHONE No. _____

COMMUNICATION REQUIREMENTS.

Is area covered by mobile phone network? YES / NO

Do I need a sat phone? YES / NO

Do I have access to an HF radio? YES / NO

In remote areas, what time will I call Ground Charlie? _____ am/pm

How can external contact get messages to me? _____

What strategy do I have if I do not contact the external contact? _____

