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| QG Logo_SIDE STACK_BLACK_Minimum | **Brisbane Valley Rail Trail Incident Report** |

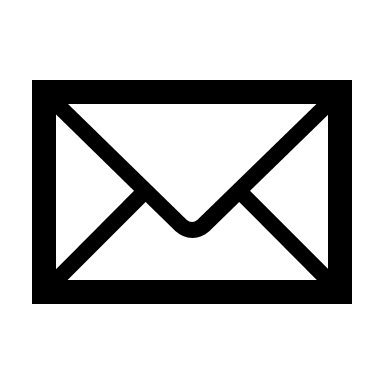
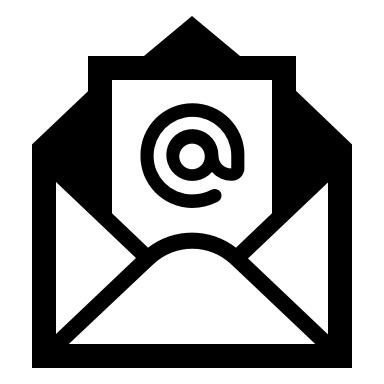
**Privacy Statement:** The Department of Transport and Main Roads is collecting your personal information to report and investigate incidents or accidents that have occurred on the Brisbane Valley Rail Trail. Some of this information may be shared with local councils, Queensland Police Service and the Queensland Government Insurance Fund for the purpose of managing claims. We will not give your personal information to anyone else without your consent, unless it is authorised or required by law.

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| Please report any incident or accident on the Brisbane Valley Rail Trail (BVRT) within 24 hours or as soon as possible after the incident has occurred. Contact details for submitting your incident report are at the bottom of page 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of incident**: | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | Noise complaint | | | | | | | | | |  | | | Lost person | | | | | | | | | | |  | | First aid | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Theft | | | | | | | | | |  | | | Slip/trip/fall incident | | | | | | | | | | |  | | Emergency services required | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Damage to land/property | | | | | | | | | |  | | | Vehicle-related incident | | | | | | | | | | |  | | Emergency evacuation | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Lost property | | | | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Other (specify) |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Details of injured/affected person** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Given name/s | | | |  | | | | | | | | | | | | | | Last name | | | | | | | | |  | | | | |  | |
|  | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | |  | | | | | | | Telephone | | | | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Incident details** | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | Time | | | | | | | | |  | | | | | | | |  | | |
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| Location | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Did you inspect the area following the incident? | | | | | | | | | | | | | | | |  | Yes | | | | |  | | No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What did you see/notice? | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you contact emergency services? | | | | | | | | | | | | | | | |  | Yes | | | | |  | | No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of officer's name in attendance and/or station. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was first aid provided? | | | | | | | | | | | | | | | |  | Yes | | | | |  | | No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of first aid treatment. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was an ambulance/hospitalisation required? | | | | | | | | | | | | | | | |  | Yes | | | | |  | | No | | | | | | | | | |
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| **Details of the incident** |

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| Please describe what happened (include specifics such as location, cause, witnesses, and so on) | | | | | | |
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| Name of person completing report | | |  | |  | |
|  | |  | |  | | |
| Contact telephone number | | |  | |  | |
|  | | |  | |  | |
| Signature | | |  | |  | |
|  | |  | |  | | |
| Date reported | | |  | |  | |
|  | |  | |  | | |

Please send completed incident report to the BVRT Project Team by email or post:



Department of Transport and Main Roads [BVRT@tmr.qld.gov.au](mailto:BVRT@tmr.qld.gov.au)

C/-Rail Corridor Management

GPO Box 1412

BRISBANE QLD 4001