



4WD CLUB

VISITOR - TRIP PARTICIPANT FORM

This form should be completed for all club trips when a 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: _____

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 CFA 4WD Club Inc. 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 3 trips / events as a Visitor prior to joining the Club.

Acknowledgement

I agree to abide by the CFA 4WD Club inc. Rules & Bylaws and the directions of the Trip Leader.

Signature: _____ Date: _____



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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:** _____



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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:** _____



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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: _____



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4WD ACCIDENT SURVEY FORM

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

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:



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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?

FOUR WHEEL DRIVE VICTORIA



VICTORIAN TRACK SURVEY FORM

Park Unit: _____

Map Name: _____ Map Scale _____

Track Name: _____ Track Length: _____ Km

Track Status: Open Year Round Seasonal Closure MVO Permanent Closure

Track Runs Between: (eg. X road & Y Track) _____

Track Co-ordinates: (GPS/Map refs or similar) _____ (Start) _____ (Finish)

Track Function: (Tick all applicable) Through track or link Access to scenic destination

Scenic route Access to camping/fishing etc destination 4WD Touring route

Weather During Assessment: Fine Showers Heavy rain Snow

Track Condition During Assessment: Wet OR Dry

Track Surface: (Tick all applicable) Rocky Stepped Dusty Sandy Clay

Cross Drains Side Drains Gravel Firm Slippery Graded

Track Characteristics: (Tick all applicable) Steep (> 1 in 4) Undulating Boggy

Rutted Fallen Trees Diversions Impassable Foliage Intruding Overgrown Narrow

Other (Describe) _____

Water Crossings: Record the number of types of crossings of each depth encountered.

Water Depth	Dry	Axle Deep	Wheel Deep	Bonnet Deep	Not Navigable	Clay or Muddy Entry	Rock, Sand or Gravel Entry
Rocky Bed							
Sandy Bed							
Muddy Bed							

Vehicle Suitability: (Tick all applicable)

GREEN High Range Road Tyres BLUE Dual Range. Road tyres

BLACK Dual Range. High Clearance RED Dual Range. High Clearance. Recovery gear.

Other Vehicles Encountered: Total _____ Club Members Non- Club Member/s

Club/s _____

Day & Date of Assessment: _____

Surveyed By: _____ Club: CEA 4WD Club Inc

Telephone: _____ Email _____

ADD ANY FURTHER COMMENTS YOU FEEL APPROPRIATE ON THE REVERSE OF THIS FORM
SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS SURVEY CALL (03) 9857 5209

Return this form to Four Wheel Drive Victoria PO Box 596 Balwyn North VIC 3104. Telephone 03 9857 5209