

Leigh Estuary U3A ACCIDENT REPORT FORM

Name of injured party or property owner + address + telephone number:

Name + address + telephone number of any others involved:

Date + time + location of the accident/incident (if in a venue it MUST be registered in the accident book)

Circumstances of accident/incident:

Injury + property damage details:

Name + address + telephone number of any witnesses:

Immediate action taken:

Details of any specialised assistance required at the scene:

Was medical advice sought afterwards? If so give details:

Any other relevant comments/issues:

Group Contact (sign & date)Print nameTel number

Injured Party/Parties (sign & date)

This form must be completed as soon as possible after the incident and passed to the Chair or Business Secretary. Further data (such as subsequent medical information) may be added later if necessary.