ACCIDENT REPORT FORM - U3A

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

Name/address/telephone number of any others involved :

Date/ time of accident/incident : Location :

Circumstances of accident/ incident

Injury/property damage details :

Name/address/telephone number of person/people involved in the incident:

Witnessed by : 1. 2.
Address :

Telephone number :

Immediate action taken :

Details of any specialised assistance required at the scene.

Was medical advice sought afterwards? If so give details.

Name of Group Leader/Convenor …….. .. Telephone number……..

Signed ……(injured party/parties)

Signed ……. ……. (Group Leader) Date ……