

PD8
ACCIDENT REPORT FORM – Bishop's Stortford U3A - Please pass completed form to Secretary

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/Coordinator Telephone number.....

Signed(injured party/parties)

Signed (Group Leader) Date