# **Incident Report Form**

Please note: this form is to be filled in by a member of Blandford & District U3A's committee, a group leader, or the property owner and should be retained on file by the secretary in case of a claim and for a period of three years, even if a claim appears unlikely.

### A - YOUR DETAILS

Name	Position	
Email	Telephone	
Address		
	Postcode	

#### **B – INCIDENT DETAILS**

Date of incident	Time of incident
Where did the incident occur?	
Please state the reason for the injured person or dan	naged property being there
Please describe the circumstances of the incident	
Attach a sketch or photograph(s) if appropriate	

## C – PARTICULARS OF PERSON(S) INVOLVED IN THE INCIDENT (continue on a blank page if necessary)

Name	Telephone
Address	
Postcode	Email
Was he/she a member of B&D U3A on the date of th	e incident?
Name	Telephone
Address	
Postcode	Email
Was he/she a member of B&D U3A on the date of th	e incident?

#### D - PARTICULARS OF THE INJURED PERSON(S) (continue on a blank page if necessary)

Name	Telephone
Address	
Postcode	Email
Was he/she a member of B&D U3A on	the date of the incident?
E – DETAILS OF INJURY	
Describe the injury/injuries	
Immediate action taken	
Treatment given at the scene	
Admission to hospital	
Ongoing medical treatment	
Costinu T to be consulated for any inside	lantingalija damana ta manasti.
Section F to be completed for any incid F – DETAILS OF DAMAGED PROPERTY	
Describe damage caused	
Describe damage caused	
Estimated cost of repair or replacemen	nt
Name of owner of damaged property	
Email	Telephone
Address	
	Postcode
The remaining sections to be complete	d for all incidents
	ANY WITNESS TO THE INCIDENT (continue on a blank page if
necessary for additional witnesses) Name	Telephone
Address	тетернопе
Postcode	Email
i ostcode	Liliali
H – DECLARATION	

Signed Dated

Please pass completed form to secretary to be placed on file – thank you.