

BRIXWORTH & DISTRICT ACCIDENT REPORT FORM

Name of person reporting incident

Address:

Telephone Number

Email:

Position:

Date/time of Accident:

Location:

Please state the reason for the injured person or damaged property being there

Please describe the circumstances of the incident (attach a sketch or photograph(s) if appropriate.

Particulars of person(s) involved in the accident.

Where they members of the u3a at the time of the incident: Yes/No

Details of Injury

Action Taken:

Was any specialised assistance required at the scene? If so, give details:

Was medical advice sought afterwards? If so, give details:

Details of damaged property

Name and contact details of any witness to the incident.

I/we declare that to the best of my/our knowledge and belief all the forgoing particulars are true and correct in all respects.

Signed

Date

**Please return this form to Sue Dodds-Smith, The Old Barn, High Street, Scaldwell, NN6 9JS
or to d.doddsmith@me.com**