

Collingham & District u3a
Accident Report Form

Name of Group Leader:

Contact Details:

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

Date/time of accident/incident and location:

Circumstances of accident/incident:

Injury/property damage details:

Immediate action taken:

Details of any specialised assistance required at the scene:

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

Name/address/ telephone number of any others involved:

Witnessed by:

Address/telephone number