|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  | |  | **Accident or Incident Report Form**  *To be returned to Group Co-ordinator for Committee attention.* |

Date/ time of accident /incident.......................................

Location of Accident / Incident......................................

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

Name/address/telephone number of any others involved:

Circumstances of accident/ incident

Details of Injury/ property damage:

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

Witnessed By:

|  |  |  |
| --- | --- | --- |
| Name & Address | 1 | 2 |
| Phone No |  |  |

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 ) Date ........................

Signed ....................................................... (Group Leader) Date .........................