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| **EXMOUTH & DISTRICT U3A ACCIDENT REPORT FORM** Name of injured party:Address & telephone no: |
| Name/address/tel. no. of others involved: |
| Date & time of accident: Location: |
| Nature & circumstances of accident: |
| Details of injury and/or damage to property: |
| Name/address/tel. no. of person causing injury/damage: |
| Witnessed by:Address:Telephone No: |
| Action taken: |
| Was any specialised assistance required on the scene? YES/NOIf YES, please give details: |
| Was medical advice sought afterwards? YES/NOIf YES, please give details: |
| Name of Group Facilitator: Telephone No:Signature of injured party:……………………………………………………………………Signature of Group Facilitator:………………………………………………………………Date:………………………………………… |