

## U3A ACCIDENT REPORT FORM

**Name of Member/Address :**

**Name/Address of others involved :**

**Date of Accident :** \_\_\_\_\_ **Time of Accident :** \_\_\_\_\_

**Location :**

**Nature of Accident/Circumstances :**

**Injury Details/Property Damage :**

**Witnessed by :**  
**Address :**  
  
**Telephone number :**

**Action Taken :**

**Was any specialised assistance required at the scene? If so give details.**

**Was medical advice sought afterwards? If so give details.**

**Signed :** \_\_\_\_\_ **(Group Leader)** **Dated :** \_\_\_\_\_

**Telephone number :** \_\_\_\_\_