

GLOSSOP U3A ACCIDENT REPORT FORM

Name and Address of Member:

Name and Address of Others Involved:

Date of Accident:

Time of Accident:

Location:

Nature of Accident/Circumstances:

Injury Details/Property Damage:

Witnessed By:

Address:

Telephone No:

Action Taken:

Was any specialized assistance required? If so give details.

Was medical advice sought afterwards? If so give details.

Signed by Group Leader:

Telephone No.

Dated: