

## 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: