# Haxby and Wigginton u3a Incident Report Form

This form is to be filled in by the Group Leader, Trip Leader, or a u3a Member present at the incident and should be sent to the u3a Secretary as soon as possible after the incident. The Secretary will circulate the report to the Chairman and Committee Members who will decide on the action to be taken, if any. A copy will be retained on file by the u3a Secretary for a period of three years in case of a claim, even if a claim appears unlikely.

#### **A YOUR DETAILS**

Group/Trip:	
Name	Position
Email	Telephone
Address	
	Postcode

## **B INCIDENT DETAILS**

Date of incident	Time of incident	
Where did the incident occur?		
Please state the reason for the injured person or damaged property being there		
Please describe the circumstances of the Attach a sketch or photograph(s) if appro		

## C PARTICULARS OF PERSON(S) INVOLVED IN THE INCIDENT (continue on a blank page if necessary)

Name	Email	
Address		
Postcode	Telephone	
Was he/she a member of your u3a on the date of the incident?		
Name	Email	
Address		
Postcode	Telephone	
Was he/she a member of your u3a on the date of the incident?		

Sections D and E are to be completed for any incident involving injury.

## D PARTICULARS OF THE INJURED PERSON(S) (continue on a blank page if necessary)

Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident?	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident?	

### **E DETAILS OF INJURY**

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

Section F is to be completed for any incident involving damage to property.

## **F DETAILS OF DAMAGED PROPERTY**

Describe damage caused.	
Estimated cost of repair or replacement	
(Enter 'not known' if details are not available)	
Name of owner of damaged property	
Email	Telephone
Address	
	Postcode
The remaining sections are to be completed for all in	scidante
The remaining sections are to be completed for all in	ciaents.
G NAME AND CONTACT DETAILS OF ANY WITNESS	ES TO THE INCIDENT
H DECLARATION	
I/We declare that to the best of my/our knowledge in all respects.	and belief all the foregoing particulars are true and correct
Name(s):	
Signed:	
Date:	