

HILLINGDON 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:

Action Taken:

Was any specialised assistance required at the scene?

If yes, give details.

Was medical advice sought afterwards?

If yes, give details.

Signed:

(Group Leader) Dated:

Telephone number: