

# Incident Report Form

<b>U3A Name</b> King's Lynn U3A	
Interest Group	
Date	
Description of Activity	

Please note that this form is to be completed by a committee member, a group convenor or the property owner and must be retained on file by the U3A committee in case of a claim and for a period of three (3) years even if a claim appears unlikely.

## 1 Your details

<b>U3A</b> King's Lynn	<b>Your name</b>	<b>Posittion</b>
email	Telephone	

## 2 Incident details

Date of Incident
Time of Incident
Location of Incident
<b>Please state the reason for the injured person or damaged property being there</b>
<b>Please describe the cicumstances of the incident. Attach photo or sketch if possible.</b>

## 3 Particulars of persons(s) involved in the incident.

(continue on blank page if necessary).

Name	email	Tel
Was he/she a member of King's Lynn U3A on date of incident?		
Yes	No	

Name	email	Tel
Was he/she a member of King's Lynn U3A on date of incident?		
Yes	No	

## 4 Particulars of injured persons(s).

(continue on blank page if necessary).

Name	
email	
Tel	
Was he/she a member of King's Lynn U3A on date of incident?	
Yes	No

Name
email
Tel

Was he/she a member of King's Lynn U3A on date of incident?	Yes	No
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## 5 Details of injury

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

*Section 6 is to be completed for any incident involving damage to property*

## 6 Details of damaged property

Describe damage caused.
Estimated cost of repair or replacement
Name of owner of damaged property
email <span style="float: right;">Tel:</span>
Address
Post-code

*The remaining sections are to be complete for all incidents.*

## 7 Name and contact details of any witnesses to the incident


## 8 Declaration

I/we declare that to the best of my/our knowledge and belief, all the foregoing particulars are true and correct in all respects.	
Signed	Date