

RADLETT & DISTRICT U3A ACCIDENT REPORT FORM

Name of injured party or property owner / address / telephone number:

Name / address / telephone number of any others involved:

Date / time of accident / incident:

Location:

Circumstances of accident / incident:

Details of injury or property damage:

Name / address / telephone number of person / people involved in the incident:

Witnessed by:

Address:

Telephone number:

Immediate action taken:

Details of any specialised assistance required at the scene:

Was medical advice sought afterwards ? Details ?

Name of Group Leader / Convenor:

Telephone number:

Signed (Injured party/parties):

Date:

Signed (Group Leader) :

Date: