

ACCIDENT/INCIDENT REPORT FORM

Please complete in **BLOCK CAPITALS** (except for email address(s) as appropriate)

Date of Accident/Incident	Time of Accident/Incident	Location
Group Name	Group Leader	Telephone No Mobile No email address

Nature of Accident/Incident

Injury Details/Property Damage

Name of injured party	Telephone No Mobile No email address
Address	
Post Code	

Name(s) of others involved (causing incident/helping - please state which)	Address	Telephone No Mobile No email address

Name(s) of Witness	Address	Telephone No Mobile No email address

Action taken:

Was any specialist assistance required at the scene? If YES, please give details:

Was medical advice sought after the event? If YES, please give details:

Signed:	Date:	Date received by Secretary:
Injured Party		
Signed:	Date:	Secretary's Initials:
Group Leader		

Please use overleaf for any other relevant details or expansion of information above
COMPLETED FORM SHOULD BE PASSED TO THE SOLENT U3A SECRETARY AS SOON AS POSSIBLE