ACCIDENT REPORT FORM – SOUTH LAKES U3A

Name of injured party/address/telephone number:	
Name /address/telephone number of others involved	
Date/Time of Accident: Locat	tion:
Nature of Accident/Circumstances:	
Injury details/ Property damage:	
Name/address/telephone number of person causing	g injury/damage:
Witnessed by: Address:	
Telephone number:	
Action taken:	
Was any specialised assistance required at the sce	ene? If so give details
Was medical advice sought afterwards? If so give	details:
Name of Group Leader	Telephone number
Signed(Injured party)	Signed (Group Leader)
Date Please return by email to sec.slu3a@gmail.com	or

Secretary South Lakes U3A, 37 Blackhall Croft, Blackhall Road, Kendal LA9 4UU