SULLY U3A ACCIDENT REPORT FORM

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| Name of Injured party / address / telephone number : |
|  |
| Name / address / telephone number of others involved : |
|  |
| Date / Time of Accident : Location : |
|  |
| Nature of Accident / Circumstances : |
|  |
| Injury Details / Property Damage : |
|  |
| Name / Address / Telephone number of person causing injury / damage : |
|  |
| Witnesses Names / addresses / Telephone numbers : |
|  |
| Action Taken : |
|  |
| Was any specialised assistance required at the scene? 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 ……………………………………..