

Ware 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:

Injury/property details:

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

Witnessed by: 1.

2.

Address:

Telephone number:

Immediate action taken:

Details of any specialised assistance required at the scene:

Was medical advice sought afterwards? If so give details:

Name of Group Leader:

Telephone:

Signed

(injured party/parties)

Signed

(Group Leader)

Date: