u3a Newbury

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 damage details:

Name/address/telephone number of person(s) involved in the incident:

Witnessed by:	1.	2.
Address:		
Telephone no.		

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 no. .....
Signed ..... (Group Leader)	Date .....
Signed ..... (Injured party/parties)	Date .....