

**ACCIDENT & INCIDENT REPORT FORM – WATERLOOVILLE u3a**

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:

Witnessed by:

Address:

Telephone number:

Action Taken:

Was any specialised assistance required at the scene? If so, give details:

Was medical advice sought afterwards? If so, give details:

Group Co-ordinator \_\_\_\_\_ Telephone number \_\_\_\_\_

Signed \_\_\_\_\_ (Injured party) Signed \_\_\_\_\_ (group co-ord)

Date \_\_\_\_\_