



ACCIDENT REPORT FORM – REIGATE AND REDHILL U3A

When completed pass to Health and Safety Trustee

<u>Name of injured party or property owner/address/telephone number:</u>	
<u>Name/address/telephone number(s) of any others involved:</u>	
<u>Date/time of accident/incident:</u>	<u>Location:</u>
<u>Circumstances of accident/incident:</u>	
<u>Injury/property damage details:</u>	
<u>Name/address/telephone number of person causing injury/damage:</u>	
<u>Witnessed by:</u> 1	2
<u>Address:</u>	
<u>Telephone number</u>	
<u>Immediate action taken:</u>	
<u>Details of any specialised assistance required at the scene:</u>	
<u>Was medical advice sought afterwards? If so, give details:</u>	

Name of Group Leader:

Telephone number:

Signed

(injured party)

Signed

(group leader)

Date