

ACCIDENT REPORT FORM—HASLEMERE 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

Name of Group LeaderTelephone number

Signed (injured party).....Signed

Date