|  |
| --- |
| 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: |

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| Was any specialist assistance required at the scene? If so give details. |

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| Was medical advice sought afterwards? If so give details. |

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| Name of Group Leader ………………………………………… Telephone number ………………………………………Signed ……………………………………………… (injured party) Signed ………………………………………… (group leader) Date …………………………………… |

**Group Leader to retain original: Copy to Sandbach U3A Secretary (Leave in library box)**