

ACCIDENT REPORT FORM - SANDBACH 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 specialist assistance required at the scene? If so give details.

Was medical advice sought afterwards? If so give details.

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)**