

ACCIDENT REPORT FORM

Pocklington & District u3a

In case of an accident or incident, please complete and return to **The Secretary**

Name of injured party or property owner including name, address & telephone number:

Name, address & telephone number of any others involved (continue overleaf if necessary):

Date & time of accident/incident:

Circumstances & location of accident/incident:

Injury/property damage details:

Name, address & telephone number of witnesses:

- 1.
- 2.

Immediate action taken:

Details of any specialised assistance required at the scene:

Was medical advice sought afterwards, if so give details:

Name & telephone number of Group Leader:

Signed (injured party/parties):

Date:

Signed (Group Leader):

Date: