

Aughton & Ormskirk U3A - Accident Report Form

Name of injured party:
Address:
Telephone number:

Name(s) of others involved:
Address(es):
Telephone number(s):

Date / Time of Accident:	Location:
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Nature of Accident / Circumstances:

Injury Details / Property Damage:

Name of person causing injury / damage:
Address:
Telephone number:

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 leader: _____ Telephone number: _____

Signed: _____ (injured party) Signed: _____ (group leader)

Date: _____

Please give / send to: the Secretary