

Accident Report Form

Date/time and location of the accident:

Details of injury/property damage:

Name/Address/Telephone number of any injured party:

Name/Address/Telephone number of person(s) causing injury/damage:

Name/Address/Telephone number of any others involved:

Name/Address/Telephone number of any witnesses:

Action Taken:

Was any specialized assistance required at the scene? If so, please give details:

Was medical advice sought afterwards? If so, please give details:

(If you need more space please use the back of this form)

Name of Group Leader: **Tel No:**

Signed **Signed**
(Injured Party) **(Group Leader)**

Date:

When completed, please return this form to the u3a Secretary as soon as possible