

Form hh



ACCIDENT REPORT FORM

Please forward completed form to the U3A secretary

Name of member/address:

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Name/address of others involved:

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Date/Time of accident

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Location

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Nature of accident/circumstances

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Injury details/property dam

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Witnessed by:

Address/ Telephone number/E mail address

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Action taken:

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Was any specialised 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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Signed:

**Group
Leader.....Date.....**

**Telephone number.....Email
address.....**

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