

ACCIDENT REPORT FORM: THORNBURY U3A

Please send any report by email to healthandsafety@thornburyu3a.org.uk

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 specialised assistance required at the scene? If so, give details:	
Was medical advice sought? If so, give details:	

Name of Group Leader.....

Telephone number.....

Signed..... (Injured party) Signed.....(Group Leader)