



THE UNIVERSITY OF THE THIRD AGE

# ACCIDENT REPORT FORM - Milford on Sea U3A

Name of injured party or property owner/address/telephone number:

Name/address/telephone number of any others involved:

Date/ time of accident/incident:

Location:

Circumstances of accident/ incident

Injury/property damage details:

Name/address/telephone number of person/people involved in the incident:

Witnessed by:

Address:

Telephone number:.

Immediate action taken:

Details of any specialised assistance required at the scene.

Was medical advice sought afterwards? If so, give details.

Name of Group Contact Person .....

Telephone no.....

Signed .....(injured party/parties)

Signed ..... (Group Contact Person)

Date .....