HARBORNE & EDGBASTON U3A ACCIDENT REPORT

NAME OF MEMBER :

ADDRESS :

TELEPHONE NUMBER :

NAME / ADDRESS OF OTHERS INVOLVED :

DATE OF ACCIDENT : TIME OF ACCIDENT :

LOCATION :

NATURE OF ACCIDENT / CIRCUMSTANCES :

INJURY DETAILS / PROPERTY DAMAGE :

WITNESSED BY :

ADDRESS :

TELEPHONE NUMBER :

ACTION TAKEN :

WAS ANY SPECIALISED ASSISTANCE REQIRED AT THE SCENE? IF SO GIVE DETAILS :

WAS MEDICAL ADVICE SOUGHT AFTERWARDS? IF SO GIVE DETAILS :

SIGNED (GROUP LEADER) : DATED:

TELEPHONE NUMBER :