

Confidential

Accident Report

Name of injured person

Address

.....

.....

Telephone Number Post Code

Date of accident Time

Place accident occurred

.....

If accident occurred on a tour, visit, etc., what was it?

.....

Who was the organiser?

How accident occurred

.....

.....

.....

.....

.....

Injuries sustained

.....

Action taken (e.g. First Aid, Doctor, Ambulance, Hospital)

.....

.....

Loss of property or money

Name of any non-U3AC member(s) involved

Names, Addresses or telephone numbers of witnesses

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.....

Person making this report Tel No.

Contact information:

U3AC landline: 01223 321587 (10 am – 2 pm)

Emergency mobile number to contact U3AC during office hours (approximately 9 am – 5 pm during term time): 07542 150965.

Email: office@u3ac.org.uk

Date

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