

ACCIDENT REPORT

Name of injured person

Address

.....

.....

Telephone Number Post Code

Date of accident Time

Place accident occurred

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

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Who was the organiser?

How accident occurred

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Injuries sustained

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

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Loss of property or money

Name of any non-U3A member(s) involved

Names, Addresses or telephone numbers of witnesses

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Person making this report Tel No.

Date