

PLEASE RETURN COMPLETED FORM TO THE GROUP CO-ORDINATOR'S FOLDER IN THE OFFICE

ACCIDENT REPORT FORM CHRISTCHURCH U3A

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 special assistance required at the scene? If so give details.

Was medical advice sought afterwards? If so give details.

Name of Group Leader

Telephone number

Signed (injured party) Signed (Group Leader)

Date PLEASE RETURN COMPLETED FORM TO GROUP CO-ORDINATOR'S FOLDER IN THE OFFICE