



Cheadle (Staffs)U3A

ACCIDENT REPORT FORM

<b>Name of person</b> <ul style="list-style-type: none"> <li>• Injured</li> <li>• Near Miss</li> </ul> <i>Please specify</i>	
<b>Address</b>	
<b>E-Mail</b>	
<b>Telephone Number</b>	

<b>Date and time of</b> <ul style="list-style-type: none"> <li>• Accident</li> <li>• Near Miss</li> </ul> <i>Please specify</i>	
<b>Nature of</b> <ul style="list-style-type: none"> <li>• Accident</li> <li>• Near Miss</li> </ul>	
<b>Details of injury/ Damage</b>	
<b>Immediate Action Taken</b>	
<b>Was medical assistance required at the scene?</b> <b>If so give details</b>	
<b>Was medical assistance sought afterwards?</b> <b>If so give details</b>	

Signed:.....(Group Leader)Date:.....

Signed:.....(Injured Party)Date:.....