



Cheadle (Staffs)U3A

ACCIDENT REPORT FORM

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

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

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

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