Accident/Incident Report Form



This form should be completed by the Group Leader, or County Commissioner, in the case of a County activity. It should NOT be completed by or referred to the injured person or any person acting on his/her behalf. The form should be returned to National Office in Larch Hill within 7 days. If all information in not to hand, please return the form immediately and forward this information later. All information appearing on this form is strictly confidential.

Group Name	Date and time of incident
Injured person (full name Mr/Mrs/Ms etc.)	Type of activity
	Location of incident (full address)
Address	
	To whom was incident reported
	Address
Phone numbers	Audress
Date of Birth Occupation	
	Phone Numbers (H) (M)
Is the injured person a member of the Association Yes No	
If no, was the injured person helping to run the activity Yes	Date reported Time reported
	Did the injured person:
Give a brief description of the incident (a full statement of facts should be included on page 2 of this form.)	Go Home Visit Doctor Go to A&E Stay in Hospital
lacts should be included on page 2 of this form.)	
	Name of Doctor/Hospital
	What treatment was given
	Names and addresses of main witnesses to incident
	Additional witnesses can be listed on back of form
Was any Machinery or Equipment being used at the time of the	
incident? Yes No If Yes, please specify:	Who was in charge?
	Position
	Address
Please retain any equipment involved in the incident pending further instructions	
······································	
Nature and full extent of injures (specify body parts	
	I certify that the particulars supplied herein to be true to the best of my
	knowledge and belief.
	Circuit D (
	Signed Date
	(Group activity; Group Leader / County activity: County Commissioner / Other: Person in Charge)

Accident/Incident Report Form (Continued)

Full Statement of Facts



