

## ST ALBANS U3A INCIDENT REPORT FORM

Name/address/telephone number of injured person or property owner:
Is this a U3A member?
Name/address/telephone number of any others involved:
Date/time/location of accident/incident:
Circumstances of accident/incident:
Injury/property damage details:
Name/address/telephone number of any witness:
Immediate action taken:
Details of any specialised assistance required at the scene:
Was medical advice sought afterwards? If so give details:

Name of Group / Event Organiser:

Tel.no.:

Signed (Group /Event Organiser)

Date:

Signed (injured party/parties)

Date: .

**Once completed please return this form to the Honorary Secretary**