

## U3A ACCIDENT REPORT FORM

**Name of Member/Address :**

**Name/Address of others involved :**

**Date of Accident :**

**Time of Accident :**

**Location :**

**Nature of Accident/Circumstances :**

**Injury Details/Property Damage :**

**Witnessed by :**

**Address :**

**Telephone number :**

**Action Taken :**

**Was any specialised assistance required at the scene? If so give details.**

**Was medical advice sought afterwards? If so give details.**

**Signed :**

**(Group Leader)**

**Dated :**

**Telephone number :**