U3A IN KENNET ACCIDENT REPORT FORM



| No. | DETAILS REQUIRED | | |
|-----|--|------------------|------|
| 1 | Name and address of acc | ident victim/s | |
| 2 | Name and addresses of others involved | | |
| 3 | Date and time of accident | | |
| 4 | Nature of the accident | | |
| 5 | Nature of injuries sustained | | |
| 6 | Description of property damage (if any?) | | |
| 7 | Witness/es Name/s and address/es | | |
| | Telephone number/s | | |
| 8 | Action taken | | |
| 9 | Was the relevant emergency contact informed? | | |
| 10 | Signed by Group Leader | | |
| | Name | Telephone number | Date |

Please send completed report to: Chair@u3ainkennet.org.uk as soon as possible after the incident