

# CHESTER U3A Accident Report Form

Name of injured party:

Address:

Telephone number:

Name(s) of others involved:

Address(es):

Telephone number(s):

Date / Time of Accident:

Location:

Nature of Accident / Circumstances:

Injury Details / Property Damage:

Name of person causing injury / damage:

Address:

Telephone number:

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:

Name of Group leader: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signed: \_\_\_\_\_ (injured party)

Signed: \_\_\_\_\_ (group leader)

Date: \_\_\_\_\_

**Please give / send to: The Business Secretary**