



# 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 is not to hand, please return the form immediately and forward this information later. All information appearing on this form is strictly confidential.

Group Name \_\_\_\_\_  
 Section \_\_\_\_\_

Injured person (full name Mr/Mrs/Ms etc.)  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone numbers \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Is the injured person a member of the Association    Yes  No   
 If no, was the injured person helping to run the activity    Yes  No

Names of main witnesses to incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional witnesses can be listed on back of form

Who was in charge? \_\_\_\_\_  
 Position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and time of incident \_\_\_\_\_ Type of activity \_\_\_\_\_  
 Location of incident (full address)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 To whom was incident reported \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Numbers (H) \_\_\_\_\_ (M) \_\_\_\_\_  
 Date reported \_\_\_\_\_ Time reported \_\_\_\_\_

Did the injured person:  
 Go Home  Visit Doctor  Go to A&E  Stay In Hospital   
 Name of Doctor / Hospital What treatment was given:  
 \_\_\_\_\_  
 \_\_\_\_\_

Give a brief description of the incident (a full statement of facts should be included on page 3 of this form.)

Was any Machinery or Equipment being used at the time of the incident? Yes  No  If Yes, please specify:

Please retain any equipment involved in the incident pending further instructions

Nature and full extent of injuries (specify body parts)

I certify that the particulars supplied herein to be true to the best of my knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Group activity: Group Leader / County activity: County Commissioner / Other: Person in Charge)



## Accident/Incident Report Form (Continued)

### Full Statement of Facts

A large, empty rectangular box with a thin black border, intended for the user to provide a full statement of facts regarding the accident or incident.