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| **FERNDOWN U3A ACCIDENT REPORT FORM** |
| **Member’s Name:**  **Address:**  **Telephone Number:** |
| **Date of Accident:**  **Time of Accident:** |
| **Location:** |
| **Details and Nature of Accident & Circumstances:** |
| **Injury details / Property Damage:** |
| **Witness Name:**  **Address:**  **Telephone Number of any Witnesses:** |
| **Action Taken:** |
| **Was any specialist assistance required at the scene:**  **Details:** |
| **Was medical advice sought afterwards:**  **Details:** |
| **Signed: (Group Leader)**  **Telephone Number*:* Date:** |