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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:** |