

# Accident Report Form

<b>INJURED PARTY</b>	
<b>Name:</b>	
<b>Home address:</b>	

<b>EVENT DETAILS</b>	
<b>Title:</b>	
<b>Club:</b>	
<b>Brief Description of Event:</b>	

<b>ACCIDENT DETAILS</b>	
<b>Form Completed By:</b>	
<b>Date:</b>	<b>Exact Location:</b>
<b>Time:</b>	<b>Time Reported:</b>
<b>Reported by, name:</b>	
<b>Nature of Injury:</b>	<b>How accident happened:</b> Describe what activity was taking place, for example training/event/getting changed
<b>Name and contact details of witnesses</b>	
<b>First Aid Involved?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Were the following contacted:</b>	<b>Police</b> <input type="checkbox"/> <b>Ambulance</b> <input type="checkbox"/>
<b>Parent/Carer Informed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>By whom:</b>
	<b>When:</b>
<b>Referred to Designated Safety Officer/Club Representative</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safety Officer/Club Representative Signature:</b>	          <b>Print name</b> <b>Position</b> <b>Date:</b>
<b>Any further action to be taken?</b>	          
<b>Signature of Safety Officer/Club Representative:</b>	          <b>Print name</b> <b>Position</b>

All of the above facts are a true record of the accident/incident.

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

Name: \_\_\_\_\_

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form.