EXETER U3A – ACCIDENT REPORT FORM

This form is to be filled in by a member of the committee, a group convenor or the property owner and should be retained on file by Exeter U3A for a period of 3 years in case of a claim.

Injured party/property owner	
Name	
Address	
Telephone number	
E-mail address	

Person causing injury/damage	
Name	
Address	
Telephone number	
E-mail address	

Incident Details	(Continue on separate sheet if necessary)
Date & Time	
Location	
Details of injury/damage	
Immediate action taken	
Treatment at scene/ Admission to hospital	
Ongoing Medical Treatment	
For damage - Estimated cost of repair/replacement	

Witness	(List details of additional witnesses on separate sheet if necessary)
Name	
Address	
Telephone number	
E-mail address	

Person making report	
Name	
Address	
Telephone number	
E-mail address	