



Verwood u3a Accident/Incident Report Form

PLEASE COMPLETE ALL SECTIONS THAT APPLY

NATURE OF EVENT:	ACCIDENT	INCIDENT
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Please note that we may be required to share details of this report with the venue, u3a Trust, u3a Insurance Company and Charity Commission, including details of the person(s) involved. Please ensure that all persons named are made aware of this.

1. Details of person completing this form

Name	
Position	
Email	
Telephone	
Address	
Postcode	

2. Incident details

Date of incident	
Time of incident	
Where did the incident occur?	
<p>Please describe the circumstances of the incident <i>Attach a sketch or photograph(s) if possible</i></p>	





3. Details of personal injury

Name address and telephone number of person injured
Is the injured person a member of Verwood u3a
If not a member of Verwood u3a what was their purpose for being present
Describe the nature of injuries sustained
Immediate action taken
Details of any specialised assistance required at the scene (eg. first aider, paramedic) If an ambulance was required, include their call out reference.
Was any medical advice sought after the incidents

3. Details of damaged property

Describe damage caused	
Name of owner of damaged property	
Email	Telephone
Address	
Postcode	





4. Name and contact details of any witnesses to the incident

5. Was the accident/incident reported to a member of staff at the venue

Name of person reporting	
Venue	
Name and title of person it was reported to	
Date and time reported	

6. Declaration

I declare that to the best of my knowledge all the foregoing particulars are true and correct in all respects.	
Signed	Dated
Print name	

