

U3A Accident Report Form

Name of injured party/address/tel. no.:

Name/addresses/tel. nos of others involved:

Date/time of accident:	Location:
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Nature of accident/circumstances:

Injury details/property damage:

Name/address/tel. no of person causing damage:

Witnessed by:
Address:
Tel.no.:

Action taken:

Was any specific assistance required at the time? If so, give details:

Was medical advice sought? If so, give details:

Name of Group Leader.....Tel. no.....
Signed (injured party):.....Signed (Group Leader):.....
Date:.....