

RUTHIN and DISTRICT U3A: ACCIDENT and INCIDENT REPORT FORM

Interest Group and Name of Facilitator (plus Name of Activity Leader if different)

Date, Time and Location of Accident or Incident:

Name, address and telephone number of injured party/parties or property owner

Circumstances of accident/incident

Injury/property damage details

Immediate action taken

Name, address and telephone number of Witnes(ses)

Details of specialist assistance required at the scene, including medical

Name and Signature of Injured Party(ies) or Party(ies) whose property damaged with date

Signature (with date) of Activity Leader on day of Accident/Incident

The form must be completed as soon as possible after any accident/incident and sent to Donna Thompson, Secretary, Ruthin and District U3A, Bryn Hafod, Bryn Goodman, Ruthin LL15 1EL