

Appendix 3 - Accident Report Form

CLUB NAME:

Accident Report Form (Please use block capitals or type this form)

Name of person completing this Form:

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Title/Role:

Address:

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Tel: (H) (Mobile)

Accident Details (Please give details of any witnesses:)

Date & Time of Incident:

Venue:

Full description of accident: PLEASE WRITE IN BLOCK CAPITALS

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Name of injured person:

Details of injuries:

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How did the accident occur?

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Any further comments?

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Witness/Witnesses

Please List Names and Contact details of all Witness/es (Statements should be sought from witnesses as soon as is practical while the accident is still fresh in their minds):

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Signature:

Date: