

# Accident Report Form

Event name ..... Event ref no. .... Event date .....

***This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.***

## **INJURED PERSON**

Name	
Address	
Postcode	
Telephone Number	
Date of Birth	
Employee, Volunteer, Exhibitor, Contractor, Member of Public, Other	

## **DATE AND TIME OF ACCIDENT**

Date and time reported	
Person reported to	
Details in accident book?	YES    NO

## **DETAILS OF INJURY (SPECIFY LEFT OR RIGHT SIDE), AND/OR LOSS OR DAMAGE**

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.....  
.....  
.....

## **DETAILS OF ACTION TAKEN**

Assisted by event representative (name)	
First-aid administered (name)	
Ambulance called?	YES    NO
Taken to hospital?	YES    NO
Name and address of hospital attended	
Taken home?	YES    NO

**CIRCUMSTANCES OF ACCIDENT AND LOCATION**

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.....  
.....  
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**NAME AND ADDRESS OF WITNESSES**

	Name	Address
Witness 1		
Witness 2		

**PERSON COMPLETING THIS FORM**

Name	
Address	
Postcode	
Telephone No.	
Signature	