



Accident Report

Event Name

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 details

Surname **Forenames**

Address
.....
..... Postcode

Telephone No Date of Birth

Employed Volunteer Exhibitor Contractor Member of the 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 and action taken.

Assisted by event representative (please give name)

First-aid administered (please give name)

Please tick relevant boxes

Ambulance called **Yes** **No** Taken to Hospital **Yes** **No**

Taken Home **Yes** **No**

Circumstances of accident and location

Name and address of witnesses

Person completing this form:

Name

Address

Postcode

Telephone No

Signature

Date