

Accident Report Form

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

Event name:

Event reference number:

Event date:

Injured person

Surname:

Forenames:

Address:

Postcode:

Telephone number:

Date of birth:

In what capacity was the injured person at the event? (please tick the relevant box)

Employee:

Volunteer:

Exhibitor:

Contractor:

Member of the public:

Other: (please specify below)

Date and time of accident

Date and time reported:

Person reported to:

Are the details recorded in the accident book?

Yes

No

Details of injury (specify left or right side), and/or loss or damage:

Details of 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

Name and address of hospital attended.

Taken home: Yes No

Circumstances of accident and location

Name and address of witnesses

Person completing this form:

Name:

Address:

Post code:

Telephone number:

Signature: