WEST BERKSHIRE COUNTRYSIDE SOCIETY

Please return this completed form to the Society Secretary for entry into the Societies' Accident book. (This form revised – Feb 2017)

ACCIDENT or INCIDENT REPORT FORM

1.About the person who had the accident or incident
Name
Address and Post Code
Occupation
2. About any witnesses to the accident/incident including First Aider
First Aider - Name
Other witness - Name
3. About the accident/incident – continue on the back of this form if you need to
Say when it happened Date Time.
Say where it happened. (address and post code)
Describe the accident or incident. What happened including possible cause.
If the person involved was injured, briefly describe the injury.
4. Outcomes
Was first aid administered?
Was an ambulance called?
Was contact made with next of kin?
Was the person able to return home unaided?
Are there follow up actions needed? Please continue overleaf
5. About the person filling in this report.
Are you the subject of this report? Yes / No If no please give your name and address
Name and address
Please sign this report and date it. Signature Date

CG

Additional information on this accident/incident		
urther action needed.		