

Accident/Incident Report Form

Date & time of accident/incident:	
Site where accident/incident occurred:	
Name(s) & contact telephone numbers of injured person(s):	
Nature of incident/injury, and extent of injury:	
Details of how and precisely where the incident took place (include details of how many people there were, what activities were taking place, and any obstacles/obstructions.):	

Were any of the following contacted?

Parents/carers: Yes No

Ambulance: Yes No

Police: Yes No

What happened to the injured person following the accident/incident? E.g. carried on, went home, went to hospital, etc.	
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All of the above facts are a true record of the accident/incident.

Signed:

Date: