

U3A Accident Report Form

Witnessed by:	
Address:	
Telephone Number:	
Name of Member:	
Address:	
Name and Address of Others Involved:	
Date of Accident:	Time of Accident:
Location:	
Nature of Accident:	
Injury Details/ Circumstances	
Action Taken	
Was any specialised assistance required at the scene? If so, give details:	
Was medical advice sought afterwards? If so, give details	

Signed.....(Group Leader) Dated..... Telephone No:.....

When completed, please return to the U3A Secretary as soon as possible.