

# Accident Report Form

Event name .....

Event venue .....

Event 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

Surname ..... Forenames .....

Address .....

..... Post code .....

Telephone number ..... Date of birth .....

Employee  Volunteer  Exhibitor  Contractor

Member of the public  Other  .....

## Date and time of accident

Date and time reported .....

Person reported to .....

Details in accident book? Tick box Yes  No

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

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**Details of action taken**

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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**

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**Name and address of witnesses**

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**Person completing this form:**

Name .....

Address .....

..... Post code .....

Telephone number .....

Signature .....