Accident/Incident Report Form

This form should be completed by the Group Leader, or County Commissioner, in the case of a County activity. It should NOT be completed by or referred to the injured person or any person acting on his/her behalf. The form should be returned to National Office in Larch Hill within 7 days. If all information in not to hand, please return the form immediately and forward this information later. All information appearing on this form is strictly confidential.

SIF 10/05

Group Name

Injured person (full name Mr/Mrs/Ms etc.)

Address

Phone numbers

Date of Birth _____ Occupation _____

Is the injured person a member of the Association Yes ☐ No ☐
If no, was the injured person helping to run the activity Yes ☐ No ☐

Give a brief description of the incident (a full statement of facts should be included on page 2 of this form.)

Was any Machinery or Equipment being used at the time of the incident? Yes ☐ No ☐ If Yes, please specify:

Please retain any equipment involved in the incident pending further instructions

Nature and full extent of injures (specify body parts

Date and time of incident

Type of activity

Location of incident (full address)

To whom was incident reported

Address

Phone Numbers (H) (M)

Date reported _____ Time reported _____

Did the injured person:
Go Home ☐ Visit Doctor ☐ Go to A&E ☐ Stay in Hospital ☐

Name of Doctor/Hospital
What treatment was given

Names and addresses of main witnesses to incident

Additional witnesses can be listed on back of form

Who was in charge?

Position

Address

I certify that the particulars supplied herein to be true to the best of my knowledge and belief.

Signed _____ Date _____

(Group activity; Group Leader / County activity: County Commissioner / Other: Person in Charge)

Accident/Incident Report Form (Continued)

Full Statement of Facts

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