



Please describe the circumstances of the incident:

*Attach a sketch or photograph(s) if possible*

### 3 Particulars of person(s) involved in the incident:

(continue on a blank page if necessary)

First person name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Was he/she a member of your U3A on the date of the incident? \_\_\_\_\_

Second person name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Was he/she a member of your U3A on the date of the incident? \_\_\_\_\_

### 4 Particulars of the injured person(s):

*Sections 4 and 5 are to be completed for any incident involving injury.*

(continue on a blank page if necessary)

First person name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Was he/she a member of your U3A on the date of the incident? \_\_\_\_\_

Second person name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Was he/she a member of your U3A on the date of the incident? \_\_\_\_\_

## 5 Details of injury

Describe the injury/injuries:

Immediate action taken:

Treatment at the scene:

Admission to hospital:

Ongoing medical treatment:

## 6 Details of damaged property

*Section 6 is to be completed for any incident involving damage to property*

Describe damage caused:

Estimated cost of repair or  
replacement:

Name of owner of damaged  
property:

Email:

Address:

*The remaining two sections are to be completed for all incidents*

## 7 Name and contact details of any witnesses to the incident

Use the reverse of this page for any continuation details.

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
& Postcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
& Postcode: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
& Postcode: \_\_\_\_\_

## 8 Declaration

***I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.***

Date	Print name	Signature