

# Accident report form

Event name \_\_\_\_\_

Event reference number \_\_\_\_\_

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? Yes ☐ No ☐

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

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## Details of action taken

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

## Name and address of witnesses

## Person completing this form:

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Post code

\_\_\_\_\_

Telephone number

\_\_\_\_\_

Signature

\_\_\_\_\_