

# Accident Report Form (Example)

THIS FORM IS ONLY TO BE COMPLETED BY THE EVENT ORGANISER OR THEIR REPRESENTATIVE AND NOT BY THE PERSON SUFFERING THE LOSS OR INJURY.

EVENT NAME.....

EVENT DATE.....

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**INJURED PERSON**

Surname.....Forename.....

Address.....

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Telephone Number.....

Date of Birth.....

Member of the public  Employee  Volunteer

Exhibitor  Contractor

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**DETAILS OF THE ACCIDENT**

Date and time reported .....

Person reported to.....

Details in accident book? YES / NO

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

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.....  
.....  
.....  
.....

DETAILS OF ACTION

TAKEN.....  
.....  
.....

Assisted by event representative (give name).....

First Aid administered (give name).....

Please tick:

Ambulance called **YES / NO**                      Taken to hospital **YES / NO**

Name and address of hospital attended.....  
.....

Taken Home **YES / NO**

**CIRCUMSTANCES**

Circumstances of accident and location  
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.....  
.....  
.....

**WITNESSES**

Name and address of witnesses  
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.....  
.....

Person completing this form:

NAME.....

ADDRESS.....

.....POST CODE.....

TELEPHONE NUMBER.....

SIGNATURE.....