

# Accident report

F(5)

Event name

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.

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## Injured person details

**Surname**

**Forenames**

Address

Post code

Telephone number

Date of birth

Employee  Volunteer  Exhibitor  Contractor  Member of the public

Other  .....

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## Date and time of accident

Date and time reported

Person reported to

Details in accident book? Tick box

Yes

No

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

Taken home            Yes         No

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**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..... Date.....