

# accident report form

Event name .....

Event date.....

**This form is only to be completed by the event organiser. If an accident occurs a copy of this form must be given to the Council within 24 Hours of the Accident.**

## 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? Tick box Yes  No

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

.....

.....

.....

.....

.....

**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 .....