

Accident/Incident Report Form



SIF 10/05

This form should be completed by the Group Leader, or County Commissioner, in the case of a County activity. It should NOT be completed by or referred to the injured person or any person acting on his/her behalf. The form should be returned to National Office in Larch Hill within 7 days. If all information is not to hand, please return the form immediately and forward this information later. Additional information can be given, if required on the back of this form. All information appearing on this form is strictly confidential.

Group Name _____

Injured person (full name Mr/Mrs/Ms etc.)

Address _____

Phone numbers _____

Date of Birth _____ Occupation _____

Is the injured person a member of the Association Yes No
If no, was the injured person helping to run the activity Yes No

Give a brief description of the incident (a fuller more detailed explanation can be included on the back of this form if required.)

Was the incident caused by any defect in machinery, equipment or premises? Yes No If Yes, please specify:

Please retain any equipment involved in the incident pending further instructions

Nature and full extent of injuries (specify body parts)

Date and time of incident _____
Type of activity _____
Location of incident (full address)

To whom was incident reported _____
Address _____

Phone Numbers (H) _____ (M) _____
Date reported _____ Time reported _____

Did the injured person:
Go Home Visit Doctor Go to A&E Stay in Hospital
Name of Doctor/Hospital _____
What treatment was given

Names and addresses of main witnesses to incident

Additional witnesses can be listed on back of form

Who was in charge? _____
Position _____
Address _____

I certify that the particulars supplied herein to be true to the best of my knowledge and belief.
Signed _____ Date _____
(Group activity; Group Leader / County activity: County Commissioner / Other: Person in Charge)