**U3A Ludlow**

**ACCIDENT REPORT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Member: |  | | | |
| Email, Telephone,  Address if not on Email: |  | | | |
| Names of all involved: |  | | | |
| Email, Telephone Number,  Address if not on Email: |  | | | |
| Date of Accident: |  | Time of Accident: | |  |
| Location: |  | | | |
| Nature of Accident/  Circumstances: |  | | | |
| Injury Details/  Property Damage: |  | | | |
| Witnessed by Name/s: |  | | | |
| Witness/Witnesses Email, Telephone Number,  Address if not on Email: |  | | | |
| Action Taken: |  | | | |
| Was any specialised assistance required at the scene? If so, please give details. | | | | |
| Was medical advice sought afterwards? If so, please give details. | | | | |
| Signed by:  (Group Leader) | | | Dated: | |
| Email, Telephone Number, Address if not on email: |  | | | |
| U3As are now required to keep a record of **all** accidents, however small. Please send the completed form as soon as possible after the accident, to the Chairman of U3A in Ludlow at Email: [ludlowu3a@gmail.com](mailto:ludlowu3a@gmail.com) or telephone for further guidance. The Chairman’s telephone number is on the web site at :  **u3ainludlow.weebly.com** or can be found in the newsletter. | | | | |

Signed: (Group Leader) Dated:

Telephone number:

Was medical advice sought afterwards? If so, give details.

Was any specialised assistance required at the scene? If so, give details.

Action Taken: