**U3A Ludlow**

**ACCIDENT REPORT FORM**

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| 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 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: