

# 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 and any attachments must be factual and is 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 <input type="checkbox"/> No <input type="checkbox"/> If no, was the injured person helping to run the activity    Yes <input type="checkbox"/> No <input type="checkbox"/>

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 _____

Give a brief description of the incident (a fuller more detailed explanation can be included on the back of this form if required.)
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Did the injured person: Go Home <input type="checkbox"/> Visit Doctor <input type="checkbox"/> Go to A&E <input type="checkbox"/> Stay in Hospital <input type="checkbox"/>
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

Was the incident caused by any defect in machinery, equipment or premises?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify: _____ _____ _____
Please retain any equipment involved in the incident pending further instructions

Who was in charge? _____
Position _____
Address _____ _____ _____ _____

Nature and full extent of injuries (specify body parts)
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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)