



THE UNIVERSITY OF THE THIRD AGE

# HIGHAM & RUSHDEN

## U3A ACCIDENT REPORT

Name of Member/Address:

Name/Address of others involved:

Date of Accident :

Time of Accident :

Location:

Nature of Accident / Circumstances:

Injury Details / Property Damage:

Witnessed By:

Address:

Telephone Number:

Action Taken:

Was medical advice sought afterwards? If so give details.

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

Signed:

(Group Leader)

Dated:

Telephone Number:

When completed, please return this Accident Form to the U3A Secretary as soon as possible.