



Health & Safety - Accident Reporting Form

Section 1 - Accident Details
Please state what happened:
Date of Accident:
Time of Accident:
Site of Accident:
Running Activity Type (Road or Off-Road):
Accident type (eg property damage, slip/trip/fall, sporting injury, struck by object):
Body Part(s) Injured:
Type of Injury:
Was First Aid given? (Yes or No):
Was the injured party taken from site of the accident to hospital? (Yes or No) :

Section 2 - Injured Person Details
Injured Person Name:
Age (simply nominate over or under 18):
Injured person's club:
Contact Address:
Post Code:
Telephone/Mobile Number:
Email Address:

Section 3 - Reporting Person Details

Contact Name:

Contact Address:

Post Code:

Email Address:

Phone Number:

Your Role Status (eg athlete, official or witness):

Section 4 - Venue Details

Meeting Title/Training Venue/Event Name/Club Name:

Lead Person/Organiser:

Venue Address:

Venue Postcode:

Event (Competition or Training):

Section 5 - Declaration

I declare that the Information provided is accurate.

Your Name:

Date:

Please submit to Club Secretary