

Name of injured party:
Address:
Telephone number :-

Name, address and telephone numbers of others involved:

Date & Time of Accident:

Nature of Accident & Circumstances

Injury Details / Property Damage

Name , Address & Telephone number of person causing Injury/ Damage

Witnessed by:
Address:
Telephone Number

Action Taken :

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

Was Medical advice sought afterwards? If so give details.

Name of Group Leader.....Telephone Number.....

Signed.....(Injured party) Signed(Group Leader)
Return completed form to Secretary, and inform Study Groups' Co-ordinators