

Accident Report Form *Darlington PESAG F9*

Event Name:

Location:

Date:

This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.

Injured Person Details

Surname **Forenames**

Address:

.....

Telephone Number: **Date of Birth:**

Employee **Volunteer** **Exhibitor** **Contractor** **Member of the Public**

Other

Date and Time of Accident

Date and time reported:

Person reported to:

Details in Accident Book? Tick Box Yes No

Details of Injury (specify left or right side), and/or loss or damage and action taken

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Assisted by Event Representative (please give name)?:

First-aid administered (please give name)?

Please tick relevant boxes

Ambulance Called Yes No Taken to Hospital Yes No

Taken Home Yes No

Circumstances of Accident and Location

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Names and Addresses of Witnesses

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Person Completing this Form:

Name:

Address:

.....Post Code:

Telephone Number: Mobile:

Signature: Date: