



Incident Report Form

A YOUR DETAILS –Group Contact or other reporting	
Name	Membership number

B INCIDENT DETAILS	
Date of incident	Time of incident
Where did the incident occur	
Please state the reason for the injured person or damaged property being there	
Please describe the circumstances of the incident <i>(add sketch or photo if appropriate)</i>	

C PARTICULARS OF PERSON INVOLVED IN THE INCIDENT	
IF U3A MEMBER	
Name	Membership number
IF NON U3A MEMBER	
Name	
Address	
Telephone number	Email address

Section D and E only to be competed if the incident involved injury

D PARTICULARS OF THE INJURED PERSON (if more than 1 person continue on a blank page)	
IF U3A MEMBER	
Name	Membership No
IF NON U3A MEMBER	
Name	Telephone No
Address	

E DETAILS OF INJURY
Describe the injury/injuries

Immediate action taken	
Treatment at the scene	
Admission to hospital	YES/NO
Ongoing medical treatment	

Section F only to be completed if the incident involved damage to property

F DETAILS OF DAMAGED PROPERTY	
Describe damage caused	
Estimate cost of repair /replacement	
Details of owner of damaged property	
Name	Telephone no
Address	

The remaining sections to be completed for ALL incidents

G NAME AND CONTACT DETAILS (or membership number) OF ANY WITNESSES TO THE INCIDENT

H DECLARATION
I/We declare that to the best of my/our knowledge and belief all of the foregoing particulars are true and correct in all respects.
Signed
Dated

Please note that this form should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.