**Form 7**

**Accident Report Form**

**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: ………………………………… Forename: …………………………………**

**Address: …………………………………………………………………………………………….**

 **……………………………………………………………………………………………...**

**Telephone Number: ………………………… Date of Birth: ………………………………….**

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

**Other: ……………………………….**

**Date and Time of Accident**

Date and time reported:

Person reported to:

Details in Accident Book? Tick Box Yes o No o

**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 or No o Taken to Hospital Yes or No o

Taken Home Yes or No o

**Circumstances of Accident and Location**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**Names and Addresses of Witnesses**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**Person Completing this Form:**

**Name: …………………………………………………………………………………………....**

**Address: …………………………………………………………………………………………….**

 **…………………………….............................Post Code…………………………….**

**Telephone Number………………………………….** **Mobile:…………………………….**

**Signature: ………………………………………………. Date: ………………………………….**