



Crowborough Runners

Incident/accident Report Form

Site where incident/accident took place :

Name of person in charge of session/competition :

Name of injured person :

Address of injured person :

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Date and time of incident/accident :

Nature of incident/accident :

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Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, setting up equipment, etc.

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Give full details of action taken, including any first aid treatment, and the name(s) of the first aider(s) :

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Were any of the following contacted :

Police :

Yes

No

Ambulance :

Yes

No

Parent/carer :

Yes

No

What happened to the injured person following the incident/accident?
(e.g. went home, went to hospital, carried on with session)

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All of the above facts are a true and accurate record of the incident/accident.

SIGNED :

DATE :

Name :