

## **Accident Report Form**

You need to complete this form if any one suffers a personal injury or loss at your venue. The person who completes the form must be the event organiser or a venue representative NOT the person suffering the loss or injury.

<b>Event Name</b>					
<b>Event date</b>					
INJURED PERSON DETAILS					
Name					
Address					
Post code					
Tel No					
Mobile					
Date of birth					
How are they connected to the venue?  Employee Volunteer Exhibitor Contractor Member of the Public					
Other (please	specify)				
DATE AND TIME OF ACCIDENT/LOSS					
Date & time r	eported				
Person report	ed to				
Do you have an Accident Book? YES/NO					
Is this incident recorded in it? YES/NO					
DETAILS OF INJURY/LOSS					
Specify injury details eg left or right side etc, and/or loss or damage					

DETAILS OF ACTION TAKEN/FIRST AID GIVEN						
Assisted by event representative						
First aid administered by						
Ambulance called YES NO	Taken to Hospital YES NO					
Name and address of hospital						
Taken home YES NO						
CIRCUMSTANCES OF ACCIDENT A	AND LOCATION OF ACCIDENT					
NAME, ADDRESS, TEL NO OF WITNESSES						
NAME, ADDRESS, TEL NO OF WITHESSES						
PERSON COMPLETING THIS FORM	Л					
Name						
Address						
Post Code						
Tel No /Mobile						
Signature						

This guidance sheet is to provide general guidance only. It does not constitute legal advice and it should not be seen as a complete or authoritative statement of the law. It is the responsibility of village venue trustees or event organisers to ensure that they fully comply with the law. The Council is not responsible for the content of external websites referred to in any of these guidance sheets.