ABOUT THE PERSON WHO HAD THE ACCIDENT

Name

**1**

Address

City/Town

Postcode

Telephone

Occupation

DETAILS OF PERSON REPORTING THIS ACCIDENT

Name and Organisation

**2**

Address

City/Town

Postcode

Telephone

Occupation

DETAILS OF ACCIDENT/INJURY

**3**

Date:

DD

MM

YYYY

Time:

HH

MM

Where did the accident/injury take place?

Say how the accident happened, give a cause if you can

Details of accident/injury

Signed:

Date:

DD

MM

YYYY

HIRER USE ONLY

*If this incident is reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)*

**4**

How was it reported?

Signed:

Date:

DD

MM

YYYY

*Please Note: To comply with the Data Protection legislation personal details entered on accident record forms must be kept confidential.*

**Form received by Parish Council Clerk on:**