



ACCIDENT REPORT FORM

Recorders Name	
Address	
Post Code	
Telephone Numbers	
Name of Injured Person	
Address	
Postcode	
Telephone Numbers	
Nature of Injury Sustained	
Where did the Accident occur? Include date, time, location and nature of the accident	
How did the Accident occur?	



Were there any witnesses to the accident? Include names, statements etc:	
What action was taken?	
Were there any other services involved?	
Name of injured person/s	

Have the parents/guardians been contacted?	Yes		No	
Does this need to be referred to EGU	Yes		No	

Date	
Time	