

Appendix 2 **ACCIDENT REPORT FORM**

The original, completed form must be returned to the Secretary promptly for filing. The person completing it may like to retain a copy.

Name, Address and Telephone No. of Member	
Name, Address and Telephone No. of others involved	
Date of Accident	Time of Accident
Location of Accident	
Details of Injury or Property Damage	
Names, addresses and telephone numbers of witnesses	
Action Taken	
Was any specialised assistance required at the scene? If so, give details.	
Was medical advice sought afterwards? If so, give details.	
Signed (if appropriate)	Member
Signed	Group Leader
Telephone Number	
Date:	