



## Incident report form

Please note that this form is to be filled in by a member of the committee, a group leader, the property owner or other relevant u3a member and should be retained on file by the u3a committee in case of a claim for a period of three years even if a claim appears unlikely. This form should be accompanied by the Group Register for the day of the Incident. Please contact one of following:

Jenny Wilson (Chair) – [jenny.wilson@croydonu3a.org.uk](mailto:jenny.wilson@croydonu3a.org.uk) for general information

Trisha Holmes (Business Secretary & Interest Group Co-ordinator)  
[trisha.holmes@croydonu3a.org.uk](mailto:trisha.holmes@croydonu3a.org.uk) to store the report & register

If you are unable to complete this on-line or print it out, please contact the Chair

### 1. Your details

<b>u3a</b>	CROYDON
<b>Name</b>	
<b>Position</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	

### 2. Incident details

<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Where did the incident occur?</b>	
<b>Please state the reason for the injured person or damaged property being there fully in the box below</b>	

<p><b>Please describe the circumstances of the incident</b>  <i>Attach a sketch or photograph(s) if possible</i></p>

**3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)**

Name/ Person 1	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident? (or another u3a)	
Name/ Person 2	
Email	
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident? (or another u3a)	

*Sections 4 and 5 are to be completed for any incident involving injury.*

## 4. Particulars of the injured person(s)

(continue on a blank page if necessary)

Name / Person 1	
Email	
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident? (or another u3a)	
Name/ Person 2	
Email	
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident?	

## 5. Details of injury

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

Section 6 is to be completed for any incident involving damage to property

## 6. Details of damaged property

Describe damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	
Email	Telephone
Address	
Postcode	

The remaining sections are to be completed for all incidents

## 7. Name and contact details of any witnesses to the incident


## 8. Declaration

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.	
Signed	Dated
PRINT NAME	