



Accident / Incident Report Form



Please note this form should be completed by a member of the committee or by a group leader. The completed accident / incident form should be retained on file by the u3a committee for a minimum of three years, regardless of whether a claim appears likely.

Any accident / incident in which a member has been injured, or property has been damaged, must be reported to the Third Age Trust via email to info@u3a.org.uk. All incidents are reported to the insurers, regardless of whether there is a claim or not.

Type of incident: -

- Injured person ☐ - Answer questions 1, 2, 3, 4, 6 and 7.
Damage to property ☐ - Answer questions 1, 2, 3, 5, 6 and 7.
Both injured person and damage to property ☐ - Answer questions 1 to 7.
Other miscellaneous incidents or near misses ☐ - Answer question as may be appropriate and declaration (7)

1. Your details (committee member / group leader)

Name			
Position			
Email		Telephone	
Address and postcode			

2. Accident / incident details

Date of accident / incident		Time of accident / incident	
Where did the accident / incident occur?			
Please describe the circumstances of the accident / incident			

3. Particulars of person or persons involved in the accident / incident.

Number of persons involved in the accident / incident (continue on page 4 if necessary)

Particulars of 1 st person Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident / incident? Yes ☐ No ☐	
Has next of kin been informed of accident / incident Yes ☐ No ☐ If Yes, Please provide Name and Phone number of next of kin.	



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Particulars of 2nd person Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident /incident? Yes ☐ No ☐	
Has next of kin been informed of accident / incident Yes ☐ No ☐ If Yes, Please provide Name and Phone number of next of kin.	

4. Details of injury / injuries

Describe the injury / injuries 1 st person
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment
Are there any photograph / videos of the accident / injuries? Yes ☐ No ☐

Describe the injury/injuries 2 nd person
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment
Are there any photograph / videos of the accident / injuries? Yes ☐ No ☐



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5. Details of damaged property

Describe damage caused	
Estimated cost of repair or replacement	
Name of the owner of the damaged property	
Email	Telephone
Address	
Postcode	
Are there any photograph / videos of the damage to property? Yes ☐ No ☐	

6. Name and contact details of any witnesses to the accident / incident.

Number of witnesses to the accident / incident..... (continue on page 4 if necessary)

Particulars of 1 st witness. Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident? Yes ☐ No ☐	

Particulars of 2 nd witness. Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident? Yes ☐ No ☐	

7. Declaration (committee member / group leader)

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



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3a. Particulars of persons involved in the accident / incident.

Particulars of 3rd person Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident? Yes ☐ No ☐	
Has next of kin been informed of accident / incident Yes ☐ No ☐ If Yes Name and Phone number of next of kin.	

4a. Details of injury / injuries

Describe the injury/injuries (3 rd person)
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment
Are there any photograph / videos of the accident / injuries? Yes ☐ No ☐

6a. Name and contact details of any witnesses to the accident

Particulars of 3rd witness. Please complete witness statement on page 5. (Item 8)	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of N&P u3a on the date of the accident? Yes ☐ No ☐	



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7. Witnesses statement

Name	
Statement	
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