

MUDGEES DISTRICT U3A INCIDENT/ACCIDENT REPORT FORM

This REPORT FORM should be completed by the Presenter as soon as possible after the Incident/ Accident. This is particularly vital as it might lead to further action including an Insurance Claim. *Please forward the completed form to: The Secretary, PO Box 469, MUDGEES NSW 2850*

NAME OF CLASS:	DATE OF CLASS:
PRESENTER'S NAME:	PHONE NUMBER:
LOCATION of Incident/Accident (Name & Full Address):	
..... POST CODE:	
TIME of INCIDENT/ACCIDENT:	

DETAILS OF PERSON INVOLVED IN THE INCIDENT/ACCIDENT (Please complete one form for each person involved)

NAME:	CONTACT NUMBER:
HOME ADDRESS:	
..... POST CODE:	
Please indicate Membership Status	CURRENT MEMBER <input type="checkbox"/>
	VISITOR <input type="checkbox"/>

WHAT HAPPENED?

.....
.....
.....
.....
.....
.....

ACTION TAKEN

Phoned "000" <input type="checkbox"/>	Phoned Emergency Contact Person <input type="checkbox"/>
Other Action (please specify).....	
NAMES AND CONTACT DETAILS OF TWO WITNESSES:	
(1) NAME:	CONTACT NUMBER:
(2) NAME:	CONTACT NUMBER:

PRESENTER'S SIGNATURE: DATE: