MUDGEE 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, MUDGEE 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 VISITOR
WHAT HAPPENED?
ACTION TAKEN
Phoned "000" Phoned Emergency Contact Person
Other Action (please specify)
NAMES AND CONTACT DETAILS OF TWO WITNESSES:
(1) NAME:
(2) NAME: CONTACT NUMBER:
PRESENTER'S SIGNATURE: DATE: