



Colne Town Council Accident Report Form

Event name _____

Event date _____

Event venue _____

This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury. This information is collected for the Council's records and will be retained for a minimum of seven years. Data may be shared with appropriate agencies dependent on the type of accident.

Injured person

Forenames _____

Surname _____

Address _____

Post code _____

Telephone number _____

Date of birth _____

Are they either: Employee Volunteer Contractor
 Member of the public Exhibitor Other

Date of accident _____

Date reported _____

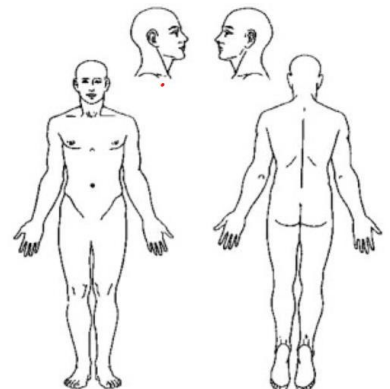
Time of accident _____

Time reported _____

Reported to _____

Details in accident book? YES NO

Details of injury (specify left or right side), and/or loss or damage



Action taken

Assisted by event representative (please give name)

First-aid administered by (please give name)

Please tick relevant boxes

Ambulance called

Taken to hospital

Taken home

Other

Name and address of hospital attended

Circumstances of accident and location

Name and address of witnesses

Details of the person completing this form

Name

Address

Post code

Telephone number

Signature

Date: