

Incident Report Form (involving injury/damage)

Notifier name	
Group name	
Contact details Phone Email	
Location of accident	
Date and time	
Summary of what happened.	
Injured person's name and address	
U3A membership no	
Age of injured persons	
Severity of injury, if any	
First aid or remedial action given.	
Action taken by group leader.	
Member's nominated emergency contact informed.	