

Ipswich Outdoor Group Accident Report Form

This form should be completed in the event of an accident and returned to the group's chairman.

Details of the accident:

Date: _____ Time: _____

Location: _____

Activity: Walk / Cycle / Social / Other: _____

Organiser: _____

Details of the person injured:

Name: _____ Sex: Male / Female

Age: _____ Ipswich Outdoor Group Member: Yes / No

Address: _____

Phone: _____ Email: _____

Details of what happened in the accident:
Details of any injuries:
Details of action taken:

Details of the person filing the accident report:

Name: _____

Address: _____

Phone: _____ Email: _____

Signed: _____ Date: _____