

# CLUB ACCIDENT REPORT FORM

PLEASE USE BLOCK CAPITALS OR TYPE ON A SOFT-COPY THIS FORM

Name of Person Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Name of injured person \_\_\_\_\_

Address \_\_\_\_\_

Club Name \_\_\_\_\_

Details of any injuries suffered \_\_\_\_\_

Details of property damaged \_\_\_\_\_

1. Date and Time of accident \_\_\_\_\_

2. Where did accident occur? \_\_\_\_\_

3. Full description of accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was the accident caused by any alleged defect in the premises, facilities, equipment? Yes  No

*If "Yes" give details* \_\_\_\_\_  
\_\_\_\_\_

5. Was the accident caused by the alleged negligence of any member of \_\_\_\_\_

Special Olympics? Yes  No

*If "Yes" give details* \_\_\_\_\_  
\_\_\_\_\_

- In the event of the accident being caused by defective equipment, same should be retained for inspection by a company representative.

## • WITNESSES TO ACCIDENT:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

:

- If possible, statements should be obtained from witnesses as soon as possible, whilst the incident is fresh in their minds

I/We declare the foregoing to be true in every respect and I/We undertake to render every assistance in the matter.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name in block capitals: \_\_\_\_\_

Received on behalf of the club:

Print Name \_\_\_\_\_

Club \_\_\_\_\_

Signature: \_\_\_\_\_

Role: \_\_\_\_\_

Date \_\_\_\_\_