**ACCIDENT/INCIDENT REPORT FORM**

**PLEASE USE BLOCK CAPITALS**

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| **Name of person completing form:** |  |
| **Address:** |  |
|  |  |
| **Telephone No:** |  |
| **Position:** |  |

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| 1. | Date and Time of accident/incident (24hr clock): | | | | |  | | | | | | | |
| 2. | Where did accident/incident occur? | | | |  | | | | | | | | |
|  |  | Exact location on site: | |  | | | | | | | | | |
|  |  | Address of venue: | |  | | | | | | | | | |
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|  |  | | | | | | | | | | | | |
| 3. | Was the accident/incident caused by any alleged defect in the premises/facilities/equipment? | | | | | | Yes |  | | No | |  | |
|  | *If “Yes” give details* | |  | | | | | | | | | | |
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| 4. | Was the accident/incident caused by the alleged negligence of any member of Special Olympics? | | | | | | Yes | |  | | No | |  |
|  | *If “Yes” give details* | |  | | | | | | | | | | |
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| 5. | Name of person(s) involved: |  |
| 6. | Address: |  |
| 7. | Telephone number: |  |
| 8. | Details of any injuries suffered: |  |
| 9. | Details of property damaged: |  |

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| 10. | **Were there any witnesses?** | | | Yes |  |  | | | | | No |  |  | |
|  | *Witness 1* | | | | | |  | | *Witness 2* | | | | | |
|  | Name: |  | | | | |  | | Name: | | | | |  |
|  | Address: |  | | | | |  | | Address: | | | | |  |
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|  | Tel: | |  | | | | |  | | Tel: | | | |  |
|  | Signature: | |  | | | | |  | | Signature: | | | |  |
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| **Form Continued Overleaf** |

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| 11. | Full description of accident/incident: |
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| 12. | Full details of action taken |
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| I declare the foregoing to be true in every respect and I undertake to render every assistance in the matter. | | | | |
| **Name (block capitals):** |  | | |  |
| **Signed:** |  | **Date:** |  | |

**NOTES:**

1. Any equipment associated with the accident/incident should be inspected and photographed. Any photographs should retained with this report.
2. Statements should be obtained from witnesses as soon as possible, whilst the accident/incident is fresh in their minds.
3. A record of all accidents/incidents should be retained by the club for 6 years.
4. Your Special Olympics Regional Office should be informed of any notable accident/incident.

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| Please return this completed form to  **[Contact details of the person to whom the form should be returned]** |