



Accident Reporting Form

Participant Details	
Name:	
Date of Birth:	
Age:	
Address:	
Telephone Number:	
Medical Conditions:	

Incident	
Venue:	
Date:	
Time:	
Details of what happened:	
Name(s) of individual(s) involved in incident:	

Accident Reporting Form Continued...

Details of First Aid (complete ONLY if first aid administered)	
Details of Injury:	
Details of first aid given:	
Referred to:	(Please circle) 1. Spouse/partner 2. Doctor 3. Ambulance 4. Hospital 5. Other (please specify).....
Details of where referred to:	e.g. name of hospital
Name and address of First-aider	
Telephone Number:	
Signed:	

Date:		Time:	
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Details of Person Completing Form (If not First-aider)	
Name:	
Address:	
Telephone Number:	
Signed:	

Date:		Time:	
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The Stragglers Committee need to track accidents. Please scan and email completed forms to committee@stragglers.org

Date Stragglers Committee Advised:	
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Committee follow up notes:

Date called injured person:		Call made by:	
Details of follow up call:			
Further action needed?		Who will do this?	