



Hampshire County Council

Accident report

Event name

Date:

This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.

Injured person details

Surname: **Forenames:**

Address:

..... Post code

Telephone number: Date of birth

Employee Volunteer Exhibitor Contractor Member of the public

Other

Date and time of accident

Date and time reported:

Person reported to:

Details in accident book? Tick box Yes No

Details of injury (specify left or right side), and/or loss or damage and action taken

Assisted by event representative (please give name)

First-aid administered (please give name)

Please tick relevant boxes

Ambulance called Yes No Taken to hospital Yes No

Taken home Yes No

Circumstances of accident and location

Name and address of witnesses

Person completing this form:

Name:

Address:

Post code:

Telephone number:

Signature: Date: