

# Witham Running Club

## INCIDENT/ACCIDENT REPORT FORM

Where did the incident/accident take place?	
Who was in charge of the session?	
Name of injured person:	
Date and time of incident/accident:	
Injuries sustained:	
What happened? Give details of how and where the incident/accident took place. Describe what activity was taking place, e.g. training run, getting changed, etc	
Give full details of the action taken including any first aid treatment and the names(s) of the first aider(s):	
What happened to the injured person following the incident/accident? (e.g. went home, went to hospital, carried on with session).	
Were any of the following contacted?	Police:      Yes                  No Ambulance:      Yes                  No Parent/carer:      Yes                  No

All of the above facts are a true and accurate record of the incident/accident.

Signed:

Date:

Name: