



Accident Record

1 About the person who had the accident

Name _____
Address _____
_____ Postcode _____
Team/Position/occupation _____

2 About you, the individual filling in this report

if you did not have the accident write your address and team/position/occupation

Name _____
Address _____
_____ Postcode _____
Team/Position _____

3 Details of the accident

When it happened. Date ____/____/____ Time _____
Where it happened. State location _____

How did it happen? Give the possible cause. _____

If the person who had the accident suffered an injury, give details _____

Sign the record and date it.

Sign _____

4 What next?

Please hand this to your Captain or send it to Ruth Croxall our Welfare Officer

Ruth Croxall
31 Westbourne Close
Salisbury SP1 2RU