

u3a ACCIDENT OR NEAR MISS REPORT

Name and address of Member:

Details of others involved:

Date of incident:

Location of incident:

Nature of incident:

Details of any injury or damage to property:

Details (name/address/phone) of any witness:

Action taken:

If medical advice was sought or specialised assistance required, give full details.

Group Leader signature:

Date:

Please return the completed form to the u3a Secretary as soon as possible.