



# ACCIDENT REPORT FORM

These details should also be recorded in the Accident Book, where one exists

About the person who had the accident		
Full Name		
Address		
Postcode		Age if under 16
Contact No.		
Occupation		
Activity being undertaken at time of the accident	Football	

About the person reporting the accident (if not the same as above)		
Full Name		
Address		
Postcode		Age if under 16
Occupation		
Role being undertaken at time of the accident		
Signature		Date

Signature of coach or person in charge	
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About the Accident – what happened	
How did the accident happen? What was the cause?	
If there were any injuries - what were they?	

About the Accident – when and where		
Date it took place		Time
Where it happen		

## **Additional Information**