



Injured Party's name:		Male / Female
Injured Party's address:		Date of Birth Age
Phone number	Email Address	Mobile number
Parents/guardian Names & Address Phone number (if applicable)		
Date of Accident	Time of Accident	
Location of Accident		
1. Was the injured party on duty at the time of accident? Yes / No		
2. What was the injured party doing at the time of the accident?		
3. What was the injured party doing at the time of the accident?		
4. What was the cause of the accident?		
5. Did an Injury occur Yes / No	6. What was the nature of the injury?	
7. Was any immediate First Aid action taken? Describe if applicable		
Name of First Aider		
8. Was the injured person taken to Hospital as a result of the accident? Yes / No		



Which Hospital?	
9. Was the accident witnessed? Yes / No	Name of witness
Phone number of Witness	Contact address of witness
10. Did the injured party or witness inform the relevant Medical/Headquarters Staff? Yes / No	
If Yes : Name:	Phone:
11. Was any other person involved in the accident? Yes / No	
If Yes: Name	Phone:
12: Any other details of importance regarding the accident?	
13. Please give details of action taken to prevent recurrence of accident	
13. Name & position of Person Completing Form	Phone number
Signature of Person Completing Form	Today's Date