

18. ACCIDENT REPORT FORM

About the person who had the accident	
Name	
Address	
Postcode	
About the person filling in this form	
Name	
Address	
Postcode	
About the accident	
Where it happened	
When it happened	Date: Time:
How did the accident happen?	
Did the person who had the accident suffer an injury? If so what was it and how did you treat it?	

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

Signed _____ Date _____