Health & Safety - Accident Reporting Form

Section 1 - Accident Details

Please state what happened:

Date of Accident:

Time of Accident:

Site of Accident:

Athletics Activity Type [Road Running/Warm up Activity/Cross Country Running/Other (please state)]:

Category [Property Damage, Slip / Trip / Fall, Sporting Injury, Struck by Object, Other (please state)]:

Body Part Injured [Insufficient Info to Properly Identify – Unclassified, No Physical Injury, Mouth, Buttocks, Foot, Trunk – Disc, Chest, Upper Arm, Lower Leg, Hip, Multiple Trunk, Toe(s), Vertebrae, Internal Organs, Wrist(s) and Hand(s), Eye(s), Abdomen including Groin, Wrist, Multiple Lower Extremities, Neck - Multiple Injury, Multiple Head Injury, Thumb, Skull, Upper Back Area (Thoracic), Lumbar and/or Sacral Vertebrae, Body Systems and Multiple Body Systems, Disc, Hand, Lower Arm, Shoulder, Upper Leg, Ankle, Arm, Knee, Whole Body]:

Type Of Injury [None, No Physical Injury, Unknown, Burn, Dislocation, Inflammation, Loss of Hearing, Dizzy/Faint, Mental Disorder, Foreign Body, Strain, Electric Shock, Rupture, Fracture, Laceration, Crushing, Multiple Injuries Including Both Physical and Psychological, Freezing, Asphyxiation, Hernia, Sprain, Chest Pain, Stroke, Carpal Tunnel Syndrome, Bruise, Graze, Head Injury, Asthma Attack, Cardiac Arrest, Other (please state)]:

Nature of Injury:

Was First Aid given? [Yes/No]:

Was the injured party taken from site of the accident to hospital? [Yes/No]:

Section 2 - Injured Person Details

Injured Person Name:

Age [Under 18/Over 18]:

Contact Address:

Post Code:

Telephone/Mobile Number:

Email Address:

Section 3 - Reporting Person Details

Contact Name: *

Contact Address:

Post Code:

Email Address:

Phone Number:

Your Role Status [Athlete, Spectator, Official, Witness, Other (please state)]:

Section 4 - Venue Details

Meeting Title/Training Venue/Event Name/Club Name:

Lead Person/Organiser:

Venue Address:

Venue Postcode:

Event [Competition/Training/Other]:

Section 5 - Declaration

I declare that the information provided is accurate.

Your Name: