Clarence River U3A Inc

INITIAL INCIDENT / ACCIDENT REPORT

1. At approximately (time):_____On (day /month/year):_____

2. Print Full name of CRU3A member: Mr/Mrs/Ms_____

3. Member's CRU3A Number: _____

4. Name of Activity / Group _____

5. Explain how the incident / accident occurred, (fell/stumbled etc), describe the victims condition immediately after the accident and record what if any first aid treatment was given, or to which Medical centre or hospital she/he was taken to.

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6. Name of Group Leader / Convener (Please print):_____

7. Signature of Group Leader/Convener:_____

   Date:_____

9. Name of witness (Please print):_____

10. Signature of Witness:_____

    Date:_____