



## Washington Village Incident Report Form

Please note that this form is to be filled in by a member of the committee, a group leader, or the property owner, and is to be retained on file by the WVu3a Business Secretary in case of a claim and for a period of three years (even if a claim appears unlikely).

*This is a fillable-form which can be completed online then saved and emailed to the Business Secretary. This is the preferred option.*

*If necessary, it can be printed, completed manually and given to the Business Secretary (who will scan and upload it to a secure drive).*

### 1. Your details

Name	<input type="text"/>
Position	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

### 2. Incident details

Date of incident	<input type="text"/>	Time of incident	<input type="text"/>
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Where did the incident occur?

Please state the reason for the injured person or damaged property being there

Please describe the circumstances of the incident

*If possible, email photograph(s) or a sketch of the incident, with the form.*



### 3. Particulars of person(s) involved in the incident

Name

Position

Email

Address

Postcode  Telephone

Was he/she a member of your u3a on the date of the incident?  Yes  No

Name

Position

Email

Address

Postcode  Telephone

Was he/she a member of your u3a on the date of the incident?  Yes  No

Name

Position

Email

Address

Postcode  Telephone

Was he/she a member of your u3a on the date of the incident?  Yes  No

*(continue on a blank page if necessary)*

*Sections 4 and 5 are to be completed for any incident involving injury.*

### 4. Particulars of the injured person(s)

Name

Position

Email

Address

Postcode  Telephone

Was he/she a member of your u3a on the date of the incident?  Yes  No



<b>Name</b>	<input type="text"/>		
<b>Position</b>	<input type="text"/>		
<b>Email</b>	<input type="text"/>		
<b>Telephone</b>	<input type="text"/>		
<b>Address</b>	<input type="text"/>		
<b>Postcode</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>

Was he/she a member of your u3a on the date of the incident?  Yes  No

*(continue on a blank page if necessary)*

## 5. Details of injury

**Describe the injury/injuries**

**Immediate action taken**

**Treatment at the scene**

**Admission to hospital**

**Ongoing medical treatment**

*Section 6 is to be completed for any incident involving damage to property*



## 6. Details of damaged property

Describe damage caused

Estimated cost of repair or replacement

Name of owner of damaged property

Address

Postcode

Telephone

Email

*Sections 7 and 8 are to be completed for all incidents.*

## 7. Name and contact details of any witnesses to the incident

Name

Contact Details

## 8. Declaration

To the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects

I/we agree

Signed

Dated

*Once completed please save the form and email it to the business secretary ([business.sec.wvu3a@gmail.com](mailto:business.sec.wvu3a@gmail.com)) attaching any photos of the incident to the email.*



<b>u3a</b>	<b>Doc u3a KMS-FRM-001– Role description – Incident Report Form</b>	The Third Age Trust
<b>Version</b>	<b>Description of changes</b>	<b>Date</b>
2.0	Updated formatting	23/11/2021
3.0	Customised for Washington Village u3a (fillable form)	25/06/2025