



**TAMAR TROTTERS**  
**INCIDENT / ACCIDENT REPORT FORM**

Name of person in charge of session/competition

Site where incident / accident took place

Date of incident / accident

Name of injured person

Address of injured person

Nature of incident / injury and extent of injury

Give details of how and precisely where the incident took place.  
Describe what activity was taking place, for example training / game / getting changed.

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?

- Parents/carers      Yes                       No
- Police                      Yes                       No
- Ambulance              Yes                       No

What happened to the injured person following the incident / accident?  
E.g., carried on with session, went home, went to hospital etc.

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

Signed:

Date:

Name: