

Report Number:



## Accident Report Form: 1<sup>st</sup> Brookwood Scout Group

| <b>About the person who had the accident</b> |  |                   |                |
|--|--|-------------------|----------------|
| Full name:                                   |  |                   |                |
| Address:                                     |  |                   |                |
| Postcode:                                    |  | Telephone number: |                |
| Group & Section:                             |  |                   |                |
| Position/Role:                               |  | Date of birth:    | DD / MM / YYYY |

| <b>About the accident</b>                                   |                 |       |  |
|---|-----------------|-------|--|
| When it happened, Date:                                     | DD / MM / 20 YY | Time: |  |
| Location:<br>(including room if applicable)                 |                 |       |  |
| What happened:<br>(give cause if known)                     |                 |       |  |
| Nature and location of<br>injuries to casualty:<br>(if any) |                 |       |  |
| Witnesses:  |                 |       |  |

| <b>Treatment and follow-up</b>   |   |
|--|---|
| Treatment given:<br>(list who provided the treatment<br>and any first aid equipment<br>used) |   |
| After the accident the<br>person involved:<br>(tick as appropriate)                          | Continued activity <input type="checkbox"/> Went home <input type="checkbox"/> Went to see GP <input type="checkbox"/> Hospital <input type="checkbox"/><br>Transport: Car <input type="checkbox"/> Taxi <input type="checkbox"/> Emergency Ambulance <input type="checkbox"/> None <input type="checkbox"/><br>Other location / transport [ ]: |
| List any other actions<br>taken / notes:   |   |

| <b>About you</b> |  |       |                 |
|------------------|--|-------|-----------------|
| Full name:       |  |       |                 |
| Group & Section: |  |       |                 |
| Signed:          |  | Date: | DD / MM / 20 YY |

If multiple people are injured please complete one form per casualty.  
Completed forms MUST be given to the G.S.L.